

CBE examination checklist

1	Counsel, obtain relevant history
	Ensure the adequate privacy before examination
	Be sensitive to the woman and give her opportunities to express any concerns before and during the examination
	Greet the patient politely
	Approach the woman gently and avoid any sudden or unexpected movements
	Perform each step gently and ask the woman if she feels any discomfort during the examination
	Look for her facial expressions and body movements as indications that she is uncomfortable
	Tell the woman why you are going to examine her breasts
	Explain how you are going to do the examination
	Note the presenting complaints (if any) and indication of the study
	Review the findings of previous clinical breast examination if available
	Note the patient demographics including age, menstrual history, parity, age of the youngest child, lactational history, risk factors for breast cancer and prior surgery
	Check for any breast complaints. If she has presented due to concerns about a lump, ask about its location
	Take medical history and fill in the requisite forms
2	Patient preparation
	Make the patient comfortable and ensure her privacy at all times
	Have a clean sheet or drape to cover the woman's breast that is not being examined, if needed
	Instruct the patient to undress from the waist up
	Have her sit on the examining table with her arms at her sides
	Wash hands thoroughly and dry them. If necessary, put on examination gloves on both hands
3	Procedural steps for inspection
	Inspect both the breasts with the woman sitting comfortably with both arms resting on her thighs
	Repeat inspection with the woman pressing her hands into her hips so that the pectoralis muscles are contracted
	Make the woman place her hands behind her head and lean forward a little and repeat the inspection
	Look for the following all following abnormalities while you inspect the breasts:
	<ul style="list-style-type: none"> • Is there any asymmetry of the size and shape of the breasts?
	<ul style="list-style-type: none"> • Do the breasts hang evenly?
	<ul style="list-style-type: none"> • Is there any discoloration or puckering of the skin over the breasts?
	<ul style="list-style-type: none"> • Is there any localized thickening (peau d'orange' appearance) of the skin?
	<ul style="list-style-type: none"> • Are there any visible scars or sinuses?
	<ul style="list-style-type: none"> • If there is any puckering of the skin, does it get accentuated when the woman presses her hands into her hips?
	<ul style="list-style-type: none"> • If there is any skin dimpling or puckering or breast asymmetry, does it get exaggerated as the woman raises her arms?
	<ul style="list-style-type: none"> • What is the position of the nipples and is there any disparity in the level of the two

	nipples?
	<ul style="list-style-type: none"> • Are there any ulcerations or excoriations of the nipple and the areola?
	<ul style="list-style-type: none"> • Is any of the nipples retracted (pulled inside)?
	<ul style="list-style-type: none"> • Is there any discharge from either of the nipples?
	<ul style="list-style-type: none"> • Is there any swelling visible in the breast with or without accompanying redness of the overlying skin?
	<ul style="list-style-type: none"> • Is there any obvious ulcer or swelling visible on the breast?
	<ul style="list-style-type: none"> • If there is a visible swelling or ulcer, does it move when the pectoralis muscles contract as the women presses her hands into her hips?
	<ul style="list-style-type: none"> • Confirm the findings of inspection
	<ul style="list-style-type: none"> • Is there any rise of local skin temperature?
	<ul style="list-style-type: none"> • Is there tenderness in any part of the breast or axilla?
	<ul style="list-style-type: none"> • Is there a lump in the breast? If yes, look for: location, size, shape, consistency, mobility, fixity to breast tissue and/or skin and/or chest wall, overlying skin changes?
	<ul style="list-style-type: none"> • Is there any irregularity/nodularity in the breast which is different from the opposite breast?
	<ul style="list-style-type: none"> • Are there any palpable lymph nodes in the axillary and supraclavicular area? What is the feel of the lymph nodes? Are they hard or tender? Are they fixed to each other and/or deeper tissues?
4	Palpation of the breasts in the lying down position
	Make the woman lie down on the examination table
	Stand on the right side of the patient
	If the woman has breast symptom, examine the normal breast first
	Examine the left breast first, and place a pillow under her left shoulder and ask the woman to place her left arm over her head
	Palpate the entire breast using one of the techniques (linear or dial o'clock methods) described later, with the pads of the first three fingers. Note any lump or tenderness
	Use the finger pads of middle three fingers to palpate the breast in circular motion
	<ul style="list-style-type: none"> • Apply steady pressure, pushing down to the level of the chest wall
	<ul style="list-style-type: none"> • Apply enough pressure to palpate to three levels of depth
	<ul style="list-style-type: none"> • Apply light pressure for superficial breast tissue
	<ul style="list-style-type: none"> • Apply medium pressure for intermediate layer
	<ul style="list-style-type: none"> • Apply deep pressure for tissue close to chest wall
	Note if there is any discharge from the nipple during the examination
	Repeat the procedure on the right breast after changing the position of the pillow and asking the woman to place her right hand behind her head
5	Palpation of the breasts in the lying down position
	Make the woman sit up on the examination table facing yourself
	Palpate the tail of the breast and the axilla of the breast in sitting position using the following technique:
	<ul style="list-style-type: none"> • keep your left arm on the woman's left shoulder and allow her left arm to rest on your examining forearm. This allows the axillary muscles to ridge. Examine the left axilla with the right hand
	<ul style="list-style-type: none"> • Palpate the lymph nodes by rolling the tissue against the lateral border of the pectoralis major muscle and lateral chest wall
	<ul style="list-style-type: none"> • Insert the examining fingers gently towards the neck to palpate the apex of the axilla

	Repeat these steps for the right side and use your left hand to examine the right axilla of the woman
	Examine the supraclavicular areas of both sides to complete the examination
	After completing the examination, have the woman cover herself
	Explain the abnormal findings on examination, if any, to the woman. Describe further course of action that needs to be taken
	Reassure her if there are no abnormal findings and show her how she can check the breasts herself for any lump or skin changes or nipple changes from time to time
6	Information about CBE report
	Provide clear instructions to the woman on CBE report and follow-up
	Provide the details of the clinic/person to be contacted if the examination reveals a suspicious abnormality