

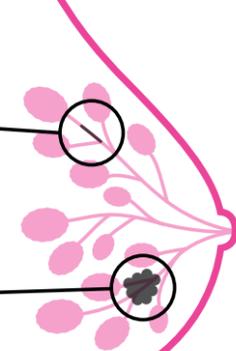
BREAST CANCER AWARENESS

WHAT IS BREAST CANCER?

The breast is made up of lobules and ducts. The lobules produce breast milk and the ducts transport the milk to the nipple. Breast cancer usually begins in the cells of the ducts or the lobules.

NON-INVASIVE
Occurs when cancer cells remain in a particular location in the breast and do not spread within or beyond the breast. It is sometimes known as *in-situ* or *pre-cancerous*.

INVASIVE
Occurs when cancer cells spread within and beyond the breast into the surrounding tissue and to other parts of your body.



KNOW YOUR RISK

100 ♀

GENDER
Breast cancer is **100x more** common among women than men.



AGEING
As you age, your risk of breast cancer increases. Two-thirds of invasive breast cancers occur in women older than 55.

FAMILY HISTORY



Having 1 first degree relative with breast cancer doubles the risk.



Having 2 first degree relatives increases the risk 3 times.

GENETICS



5-10% of breast cancers are thought to result from a gene defect passed on from a parent.

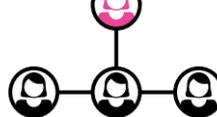
WHO SHOULD HAVE MAMMOGRAPHY?



Women should **start regular breast self examinations** in their twenties and if they find any abnormalities should contact their doctor immediately.



Starting at age 40. All women should receive a screening mammography at least once every two years.



Women with a strong family history of breast cancer - more than one first degree relative especially with early onset of breast cancer should **begin screening at least 10 years earlier** than the age of the youngest affected family member.

BREAST CANCER DOES NOT ONLY PRESENT AS A BREAST LUMP!

KNOW THE SYMPTOMS

Lump, hard knot or thickening inside the breast or underarm area

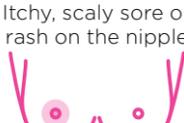
Swelling, warmth, redness or darkening of the breast



Change in the size or shape of the breast

Dimpling or puckering of the skin

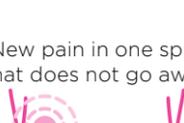
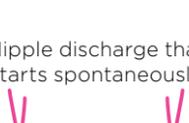
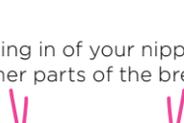
Itchy, scaly sore or rash on the nipple



Pulling in of your nipple or other parts of the breast

Nipple discharge that starts spontaneously

New pain in one spot that does not go away



HOW TO SELF-EXAMINE

1

Stand in front of a mirror and look at your breasts inspecting the breasts first with your arms at your sides then raised above your head, look for asymmetry, change in the skin or the nipple.

2

Lie down on your back with one hand behind your head. Use the pads of your three middle fingers from your opposite hand to examine the breast. Move your fingers in gentle circles.

3

Start your examination in the armpit moving inwards below your collarbone over the nipple then around the nipple and underneath the nipple moving outwards back to your armpit. Repeat for the other breast.

4

Examine each of your nipples by gently squeezing to check for any discharge or pain. Look for any changes in the nipple and remember to examine under the nipple.

5

If you find any abnormality please call your family doctor or make an appointment at your nearest clinic.

DR BRADLEY DAVID
SPECIALIST GENERAL
SURGEON
MBCHB(UCT) FCS(SA)
PRACTICE NUMBER: 0448974

Rondebosch Medical Center
Tel: 021 685 2140/1529
Vincent Pallotti
Tel: 021 531 0554
capesurgical@gmail.com
www.capesurgical.co.za

DR SHAHEEDA SONDAY
GENERAL SURGEON
SPECIAL INTEREST BREAST
MBCHB(UCT) MRCS(EDIN) FCS(SA) MMed(SA)
PRACTICE NUMBER: 0448974

Rondebosch Medical Center
Tel: 021 685 2140/1529
Vincent Pallotti
Tel: 021 531 0554
capesurgical@gmail.com
www.capesurgical.co.za

DR CONRAD PIENAAR
PLASTIC & RECONSTRUCTIVE
SURGEON
MBCHB FCS(SA)PLAST
PRACTICE NUMBER: 036 000 015 3885

Tel: 021 510 8534/2546
info@conradpienaar.co.za
www.conradpienaar.co.za

DR CLARE NESER
PLASTIC & RECONSTRUCTIVE
SURGEON
MBCHB FCS(SA)PLAST MMed
PRACTICE NUMBER: 036 000 0562521

Tel: 021 510 8534/2546
dr@clareneser.co.za
www.clareneser.co.za