

Fibrocystic Breast Changes

What are they?

Fibrocystic breast changes are common, non-cancerous, and cumulative changes in the breast's fibrous tissue. More than 50% of women will experience some form of fibrocystic changes in their lifetime. The term 'fibrocystic change' has replaced the outdated and inaccurate term of 'fibrocystic disease.'

What causes them?

Breast tissue is made up of glands (that produce and secrete milk), fat, and connective structures (that give support and shape to the breast). Breast tissue normally responds to changes in hormone levels in the woman's body. These hormones—estrogen and progesterone—are present and changing from puberty through menopause, and longer if hormone replacement therapy is used. When the hormone levels are high the week or so before a woman's menstrual period starts, the breast tissue blood vessels become swollen, the milk glands and ducts enlarge, and the breast retains water. After the period is over, the swelling decreases and the tissues return to "normal." These repeated hormonal changes can cause an increased firmness of the breast tissue and pockets of fluid (cysts) to form in obstructed or enlarged milk ducts. This is called fibrocystic breast change. Fibrocystic changes usually become less noticeable and often disappear after menopause.

Will they cause future problems?

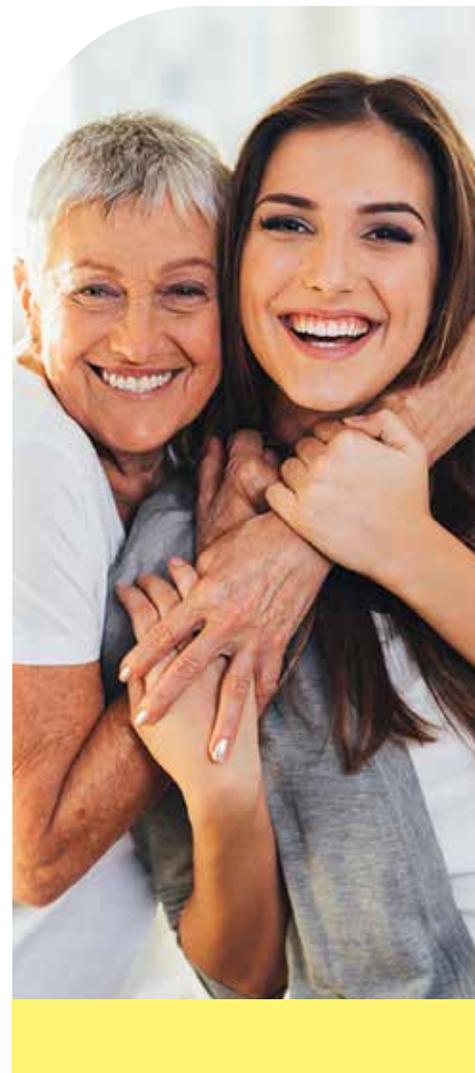
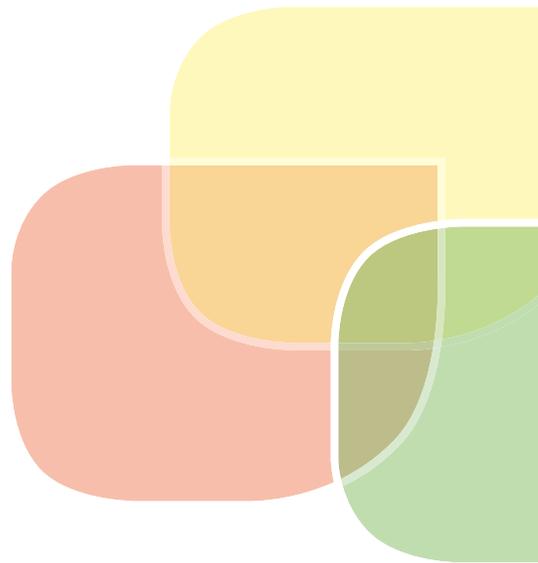
Fibrocystic breast changes are usually not a risk factor for breast cancer. The main concern with fibrocystic changes is the fact that they can make it more difficult to detect small cancers or changes.

What do they feel or look like?

Signs/symptoms can include:

- Pain - cyclic in nature; worse before the menstrual cycle, better or gone afterward
- Tenderness - also usually comes and goes with the monthly period
- Lumpiness - can be a continual "beady" or "gravelly" feeling; may be more pronounced with hormonal fluctuations; most noticeable in the upper outer quadrant of the breast (near the armpit)

Continued on the back



- Cysts (fluid-filled sacs) - feel like beads or marbles; smooth; moveable; often change in size
- Areas of thickening - may feel like bands or globs
- Nipple discharge – green or milky in color; noticeable from squeezing the nipple, sexual stimulation, warm bath or shower, pressure on the breast, etc.; seen from more than one opening in the nipple; in one or both breasts

What can be done about them?

Several things can help relieve discomfort. Here are some suggestions to try:

- Wear a supportive bra; one that holds the breast tissue close to the chest wall. It may also be worn at night when breast tissue is most tender.
- Limit or eliminate caffeine intake, such as coffee, tea, many sodas, and chocolate. It was previously believed that caffeine caused fibrocystic changes to occur. This theory has been disproved by more recent studies. The fact remains, though, that caffeine intake can cause symptoms to be worse for some women.
- Use over-the-counter pain relievers if necessary. Examples: Tylenol (acetaminophen), Advil, or Motrin (ibuprofen),.
- Maintain a low-fat diet rich in fruits, vegetables, and grains.
- Limit salt in foods, especially near the start of the menstrual cycle.
- Apply heat to the breast tissue.
- Soy products may be helpful, although their benefit is controversial.
- Dietary supplements may help:
 - Evening primrose oil (same as GLA): take 1,500 mg twice a day
 - Vitamin E: take 400 to 800 IU (international units) daily
 - Beta carotene: take 50,000 to 150,000 IU daily
 - Vitamin B1 and B6, or B-complex vitamins: take 100 mg daily
 - Vitamin A: take 50,000 IU daily
- Diuretics (“water pills,” prescribed by your healthcare provider) can reduce the amount of fluid that accumulates in the breast tissue, easing breast pain and swelling.
- Hormone supplements or birth control pills might help for some women. They serve to even out the normal hormonal fluctuations.
- Especially troublesome cysts can be drained or surgically removed. Check with your healthcare provider.

What is the best way to maintain breast health?

- Perform monthly self breast exams. This should be done at the end of the menstrual cycle when breast tissue is least swollen or tender. The goal is to learn what your normal is. When ‘normal’ is known, “abnormal” becomes easy to recognize. Finding the ‘abnormal’ in fibrocystic breasts has been described as ‘looking for a rock in a gravel pit.’
- Report any bothersome or worrisome change to your physician or provider. He or she will thoroughly and carefully evaluate it, then offer a treatment recommendation.
- Get a mammogram. One out of eight women in the U.S. will develop breast cancer in her lifetime. The best chance for survival and cure lies in early detection (when the cancer is the smallest). Mammography can detect cancers that are too small to feel. According to the American College of Radiology, women are encouraged to start annual screening mammograms at age 40. Yearly mammograms will show any subtle changes the soonest. If you have had an immediate relative (mother, sister, etc.) diagnosed with breast cancer, you may begin screening mammograms 10 years prior to the earliest age at diagnosis in your family. Talk to your physician or provider for more information.

If you have any questions, call:

308-630-2700 to speak to Scheduling Services

308-630-2253 to speak to a Breast Health Center technologist