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Understanding Your Breast Pain

Breast pain is very common in women of all ages. In fact, **two out of three women will experience breast pain at some time in their lives.**

Like other breast symptoms, breast pain can cause a great deal of anxiety. Not knowing what causes the pain often makes the perception of the pain worse. Fortunately, **breast pain on its own is not usually a sign of breast cancer** and does not increase your risk.

Types of Breast Pain



Cyclical breast pain – pain that's part of a woman's normal menstrual cycle



Non-cyclical breast pain – lasting pain in the breast that's not related to the menstrual cycle



Chest wall pain – pain that feels as though it's in the breast but is coming from the chest wall under the breast

Cyclical Breast Pain

Cyclical breast pain is **linked to changing hormone levels during the menstrual cycle**. Hormonal changes make the breast tissue more sensitive, which can cause pain. Approximately two out of three women will experience cyclical breast pain. Many women feel discomfort, pain and lumpiness in both breasts a week or so before their period. The pain can vary from mild to severe, and the breasts can also be tender to the touch. You may experience a feeling of heaviness, soreness, tightness, burning, prickling or stabbing pain. The pain usually affects both breasts, but it can affect just one. It can also spread to the armpit, down the arm, and to the shoulder blade.

Cyclical breast pain often goes away once a period starts. This type of pain usually stops after menopause. However, women taking hormone replacement therapy (HRT) can also have breast pain. You may also notice breast pain when you begin or change contraception that contains hormones.

What to Expect During Your Exam

Your primary care provider will examine your breasts and take a history of the type of pain you have and how often it occurs. They may ask you to lean forward during the examination to assess if the pain is inside your breast or in your chest wall. **If you have cyclical breast pain, your provider may reassure you that what you are experiencing is a normal part of your monthly cycle.** You may also be referred to a specialist for a more detailed assessment.

Non-Cyclical Breast Pain

Non-cyclical breast pain is **not linked to the menstrual cycle**. It may be continuous or it may come and go. It can affect women before or after menopause. The pain can be in one or both breasts, and can affect the whole breast or a specific area. It may be a burning, prickling or stabbing pain, or a feeling of tightness. Non-cyclical breast pain often reduces or goes away by itself over time in about half the women who experience it.

It's often unclear what causes non-cyclical breast pain, but it can be related to:

- Benign (noncancerous) breast condition
- Previous surgery to the breast (see below)
- Unrecognized trauma to the breast
- Having larger breasts
- Side effect from certain antidepressant drugs and herbal remedies such as ginseng
- Stress and anxiety are also linked to breast pain

Postsurgical pain (dysesthesia) is defined as pain lasting more than 3-6 months after surgery. The pain differs in quality and location from pain experienced prior to surgery or in the immediate post-op period. Dysesthesia is usually caused by surgical injury to a peripheral nerve. Although all types of surgery can lead to dysesthesia, patients who have had open breast surgery are at higher risk for nerve damage. Research has shown a greater incidence of dysesthesia after a mastectomy with reconstruction and/or breast augmentation, compared to mastectomy alone. If you think you are experiencing chronic pain at a lumpectomy/mastectomy site, ask your primary care provider to consider a referral for you to an interventional pain specialist. There are various options for treating postsurgical pain such as oral medications, infiltration of the painful area with anesthetics, or nerve stimulation therapy.

Chest Wall Pain

Chest wall pain may feel as though it's coming from the breast, but really comes from somewhere else. It's also **known as extramammary (outside the breast) pain**. The pain can be on one side, in a specific area, or around a wide area of the breast. It may be burning or sharp, may spread down the arm, and can be worse with movement. This type of pain may also occur if pressure is applied to a certain area on the chest wall.

Chest wall pain can have a number of causes, including:

- Pulling a muscle in your chest, or from increased physical conditioning or exercise
- Inflammation around the ribs, caused by a condition called costochondritis or Tietze's syndrome
- A medical condition, such as angina or gallstones



Reducing Breast Pain with Diet, Medication and Lifestyle Changes

- Some women have reduced their breast pain by eating a low-fat diet, increasing the amount of dietary fiber, as well as reducing chocolate, caffeine, salt and alcohol (especially red wine).
- Weak evidence suggests that taking vitamin B6 and folic acid may help.
- Wearing a supportive and well-fitting bra during the day, with any physical activity, or at night can be helpful.
- Relaxation therapy may be useful in reducing symptoms of cyclical breast pain. These include relaxation music, apps or other therapies such as acupuncture and aromatherapy.
- If your pain started when you began taking a contraceptive pill, changing to a different pill may help. If the pain continues, you may want to try a non-hormone method of contraception.
- If your pain started or increased while taking HRT and doesn't settle after a short time, tell your OB/Gyn or primary care provider.
- Research has shown that non-steroidal anti-inflammatory pain relievers such as ibuprofen* can help breast pain, particularly non-cyclical pain. Topical anesthetics or analgesics applied directly to the site of pain may also provide relief.

*Before using this type of pain relief, you should get advice from your doctor on the correct dose, duration and possible side effects, especially if you have asthma, stomach ulcers or any problem related to your kidneys.

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