



Benign Breast Disease FIBROADENOMA

What is a Fibroadenoma?

A fibroadenoma is a benign (non-cancerous) mobile lump that arises from an overgrowth of fibrous (containing fibres) and glandular (related to gland) tissues from the breast. They most commonly occur in women between the ages of 15 and 30 years of age, although they may occur at any age.

It is possible to have more than one fibroadenoma in the same breast and also to find them in the other breast. They vary in size from 1-5cm, but occasionally a woman may present with a "giant" fibroadenoma about the size of a lemon.

These breast lumps have classical features of being firm, smooth, oval or round, mobile 'rubbery' lump. They have also been called "breast mice" because small, mobile fibroadenoma may dart around and can be difficult to find at times!

While some types of breast lumps come and go during the menstrual cycle, fibroadenoma's typically do not disappear after a women's period and should be checked by a Doctor.

What causes it?

The cause of breast fibroadenoma is unknown. However, they may be dependent upon oestrogen because they are common in pre-menstrual women, post-menopausal women who are taking oestrogen and they grow larger in pregnant women.

Fibroadenomas usually cause no symptoms and may be discovered during **breast self-examination**, or during a routine check-up.

What does treatment/management involve?

Breast fibroadenomas are not cancerous. Although they can continue to grow; the majority of fibroadenoma will disappear with time. Surgery is generally reserved for very large or tender lumps, or at the patient's request.

Sometimes one or more new fibroadenomas will grow after one is removed surgically. This simply means that another one has formed and not that the old one has returned. The lumps recur in up to 20% of women.

Before the operation

The operation is usually performed under General Anaesthetic. In most cases this can be done as a day case. However, if there are any medical or technical reasons it may be necessary for you to be admitted as an inpatient requiring 1-2 nights stay.

You will be invited to attend the pre-operative assessment clinic 1-6 weeks prior to admission to ensure you are fit for surgery, allowing time for the necessary pre-operative tests, which may include, blood tests, cardiogram (ECG) and a chest X-ray.

The surgeon performing your operation will see you and you will also be seen by the anaesthetist. If you have any questions regarding your operation please ask the doctors.

The operation

The surgeon will make an incision (cut) into the skin overlying the breast lump; this area of breast tissue will be removed and will be sent for tissue analysis.

The wound will be closed using a dissolvable suture, covered with a waterproof dressing and a larger dressing may be in place over this to compress this area of the breast and reduce swelling.

What are the risks/complications of surgery?

- Wound infection you will be given appropriate antibiotics if indicated.
- Wound haematoma rarely bleeding under the skin may occur which
 produces a firm collection of blood (haematoma) this will normally dissipate
 gradually or leak out through the wound.

These risks/complications will be explained to you when the surgeon asks you to sign consent form for your operation.

What should I expect after the operation?

When you are awake you will be able to eat and drink as you wish, and to get up as soon as you feel able. It is advisable to stay on the ward until after the effects of the anaesthetic have worn off.

The wound will be sealed within 48 hours after which you may remove the dressing and take a bath or shower.

Some swelling or bruising around the wound site is not unusual and there will be some discomfort and tenderness where the incision has been made. In the period following your operation you should seek medical advice if you notice any of the following problems:

- Increased pain, redness, swelling or discharge from the wound
- Persistent bleeding
- High temperature

Simple pain killing tablets will help relieve most discomfort.

You may find wearing a supportive, well-fitting bra after surgery will to provide additional support and comfort to your wound area.

It is wise not to drive for a couple of days: some people feel they need a little longer. However, please check with your Insurance Company, as policies vary with individual companies.

It would be advisable to take at least 3-5 days off work. If you require a certificate, please ask a member of staff before discharge.

You may resume sexual relations as soon as you feel comfortable.

Please retain this information leaflet throughout your admission, making notes of specific questions you may wish to ask the Doctor and/or Nurse before discharge.

Points of contact:

If you have any queries prior to the procedure outlined and the implications for your relatives/carers, please contact the Surgical Pre-Admission Assessment Clinic on 01603 287819 or the Breast Care Nurses 01603 286732. If you have any queries following the surgery please contact the ward from which you were discharged via the main hospital switchboard on 01603 286286.

Further information and support:

NHS DIRECT
Tel: 08454647

Breast Cancer Care
Tel: 020 7384 2984

Web address: www.nhsdirect.nhs.uk Web address: www.breastcancercare.org.uk

For Help Giving Up Smoking: NHS Smoking Help-line 08001690169 or contact 'CIGNIFICANT' run by Norfolk PCT 0800 0854113

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This sheet describes a medical condition or surgical procedure. It has been given to you because it relates to your condition; it may help you understand it better. It does not necessarily describe your problem exactly. If you have any questions please ask your doctor.