

## Pathway for Management of Mastalgia (Breast Pain)

### Primary Care

#### History and Examination

- Examine breasts to exclude **RED FLAGS**: breast or axillary lump; nipple discharge (refer to Greater Manchester Nipple Discharge Algorithm); new unilateral retracted nipple; skin dimpling, tethering or peau d'orange.
- Consider possible causes of breast pain – infection; periductal mastitis; costochondritis; injuries to neck, shoulder or back; medicines such as oral contraceptive pill and some antidepressants; pregnancy. Refer or manage as appropriate.

### Secondary Care

If **RED FLAG** signs or symptoms are present, refer as **urgent 2WW** using Greater Manchester referral proforma.

If there are **no RED FLAG** signs or symptoms, ask about personal history of breast cancer

**No** personal history of breast cancer

Pain in the **other** breast to previous breast cancer

Pain in the **same** breast as previous breast cancer  
Consider:

- Radiotherapy side effects
- Breast lymphoedema
- Nerve pain

If the patient is within **5 years** of breast cancer treatment, ask patient to contact their **Breast Care Nurse**.  
If the patient is **over 5 years** since diagnosis, refer as **non-urgent**

If no RED FLAG signs or symptoms and no personal history of breast cancer in **same** breast, ask about family history of breast cancer as NICE guidance CG 164 1.3.3 and 1.3.4 <https://www.nice.org.uk/guidance/cg164/chapter/Recommendations#care-of-people-in-primary-care>

If there is significant family history of breast cancer, refer to Breast Unit Family History Clinic or if already referred to a family history service, check patient is up to date with screening.

**NOTE: The Breast Family History Clinic referral is not for managing the patient's breast pain; please follow the pathway below to manage breast pain**

If the patient is **not** already known to a family history service, refer to **Breast Family History clinic**.

If the patient is **already known** to family history service, ensure patient is up-to-date with high/moderate risk screening, and then proceed to standard breast pain advice

#### Management

- Cyclical and non-cyclical breast pain are both considered to be physiological/hormonal and are managed in the same way
- Offer reassurance that there is no association between breast pain (without red flag symptoms) and breast cancer - useful website: <https://www.nhs.uk/conditions/breast-pain/>
- If over 50 years old, please ensure patient is up-to-date with screening mammograms

**Step 1:** Ensure patient has had recent professional bra fitting and advise to use a soft support bra at night

**Step 2:** If onset of pain correlates with the start or change of oral contraceptive pill or HRT, consider discontinuing or changing the medication

**Step 3:** Advise lifestyle changes such as low fat diet, reducing caffeine and alcohol

**Step 4:** Advise topical NSAID gel or simple oral analgesia

Refer as **non-urgent** referral using **Greater Manchester** referral proforma

If pain does not respond to 6 weeks of treatment and reassurance, and the patient is anxious, consider referral to secondary care breast service provider for reassurance