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.

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 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

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

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

Secondary Care

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

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 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

Refer as non-urgent referral using Greater Manchester referral proforma