Dear

**RE: Breast pain advice for women of 40 years or older**

As you are aware, you were referred to ***insert breast unit name*** ………… Breast Unit with breast pain. One of the breast specialists from ……… Breast Unit contacted you by telephone to discuss this in more detail.

The breast specialist was satisfied that the breast pain you are experiencing, although unpleasant for you, is not caused by anything dangerous. Your symptoms suggest that your pain is most likely to be natural (not related to illness) and commonly this pain arises from the ribs/chest muscles.

***Please insert personalised pt details for example…..***

*You described a 6 week history of left sided intermittent sharp shooting pain which radiates from your upper breast to your axilla.*

*The pain does not disturb or sleep or stop your normal activities of daily living.*

*You have tried taking paracetamol on occasion with no effect and have not noticed any triggering factors.*

*You are pre-menopausal and not taking any contraceptives or other hormones.*

*I am reassured to hear from you that there is no presence of a breast lump, skin distortion, nipple discharge, as well as no known family history of breast cancer.*

For completeness, I am recommending a mammogram. The appointment will be sent through the post. You will then be contacted by letter with the result of the mammogram. Following mammogram, some women will require further tests and will be called back to the breast unit. Even if you are called back for further tests, the majority of women do not have a breast cancer. For example, women can be called back as the mammogram picture is not clear enough, or because there is non-cancerous change in the breast.

We would like to take this opportunity to reassure you that breast pain is not typically associated with breast cancer.

Signs that might indicate breast cancer are:

* A new non-painful lump in the breast or armpit
* Skin dimpling/change to breast shape
* New in-drawing of your nipple
* Clear or blood stained nipple discharge that comes out without squeezing

If you experience any of these signs in the future, please do report to your GP, who will refer you back to the breast unit.

As discussed we recommend the following to manage your pain:

* A well-fitted supportive bra – please ensure you have had a professional bra-fitting recently (most department stores and underwear shops provide this service free-of-charge)
* Topical, non-steroidal gels (such as ibuprofen gel) can be applied directly to the painful breast 2-3 times per day for 3-4 weeks allowing the gel to dry before getting dressed
* Tiger balm is a good natural alternative if you cannot use anti-inflammatory gels and should be applied in the same way. This can be purchased from most pharmacies
* If your pain is related to starting the oral contraceptive pill/ hormone replacement therapy (HRT), please discuss this further with your GP

I have enclosed a breast pain leaflet for your information and you may wish to watch the following YouTube clip that explains breast pain in more details: https://[youtu.be/v0FkthTQggc](https://youtu.be/v0FkthTQggc)

I would encourage you to continue to check your breasts regularly and report any new changes such as lumps or nipple symptoms to your GP.

Kind regards

Yours sincerely