

Preparing for Your Mammogram



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No one looks forward to a mammogram. But it's the most effective screening tool for protecting a woman against breast cancer — helping to promote early detection and diagnosis, which in turn contribute to better outcomes for women who require treatment.

It is most widely suggested that beginning at age 40, women should have a mammogram once a year, unless their physician has recommended that screenings begin earlier or be conducted more frequently based on their personal health history.

Tall tales and war stories about the mammogram have been passed back and forth for years; however, most women agree that the actual mammogram does not live up to these legendary tales.

Before your next mammogram, make sure you are prepared and know what to expect so that your appointment is an informative and stress-free experience.

Keep your doctor informed: Talk to your doctor about any new issues, questions or potential problems: a lump, pain, tenderness, or other symptoms.

The American Cancer Society also recommends informing your doctor of any hormone use, prior surgeries, and family or personal history of breast cancer.

If you have had a previous mammogram by another physician, obtain a copy of that record for your new physician — that way, he or she, and the radiologist, have a baseline from which to compare your current images.

Always tell your doctor or the x-ray technologist if there is a possibility you could be preg-

nant.

Schedule strategically: It's a good idea to schedule your mammogram during the time of the month when your breasts are the least tender (i.e., after your monthly period) to minimize any potential discomfort during your exam. The best time for a mammogram is the week immediately following your period. If you're still concerned about breast tenderness, you may want to take an over-the-counter pain reliever such as aspirin, acetaminophen (such as Tylenol) or ibuprofen (such as Advil or Motrin), about an hour before your mammogram to ease

discomfort.

Dress for success: When you arrive for your mammogram, you'll be given a robe and asked to undress from the waist up — so a two-piece outfit is a good idea.

On the day of your exam, don't wear deodorant, antiperspirant, powder, or lotion under your arms or on your breasts. Metallic particles in these substances can show up on your mammogram as calcium spots in the breast tissue.

If you forget, there will probably be cleansing wipes in the changing room so you can remove any traces of deodorant or lotion.

Remember — everyone's breasts are different: Your doctor may determine through a past exam and mammogram that you have dense breast tissue. Dense breasts mean that you have a high level of connective tissue, compared to fatty tissue.

Every woman's breast composition is different, and some have more fatty or connective tissue than others.

As women age, they tend to have more fatty breast tissue and less connective breast tissue. Dense breast tissue is more difficult for mammogram x-rays to penetrate, making mammograms more difficult to read and interpret.

So, your doctor may order multiple pictures or "views" of your breasts or recommend a more frequent schedule of mammograms to make sure no changes in breast tissue are missed.

Likewise, if you have breast implants, depending on whether the implant is under the muscle or over the muscle, x-rays may

not be able to penetrate through the silicone or saline implants well enough for your doctor to see the breast tissue.

Doctors will often order four extra pictures — two on each side — for women with implants, during a screening mammogram.

During the mammogram, your radiology tech will gently move your implants and your breast tissue around, positioning the implant so that they can see as much breast tissue as possible in your x-rays.

Although women with implants do have more pictures taken at each mammogram, ACS guidelines for the frequency of screening mammograms is the same for women with and without implants.

Be proactive: Ask when your results will be available and how the information will be communicated: by mail, online, or by telephone. Do not assume that your results are normal if you do not hear back from the doctor or the radiologist.

Mammography is available close to home at Scenic Mountain Medical Center (SMMC). The mammography unit is accredited by the FDA and Texas Department of State Health Services, is staffed by a registered technologist and your mammogram will be read by a board-certified radiologist who has interpreted thousands of mammograms.

SMMC's Mammography Center does not have a large backlog of patients so you can schedule your appointment quickly.

If you are 40 or older, a physician order is not required, but you must provide your physician's name when you make an appointment.

If you do not have a physician, a list will be provided for your selection. All mammogram reports will be sent to the physician and follow-ups are required to complete your annual breast exam. Please call 264-0602 to schedule your mammogram today.

Visit www.smmccares.com, click on 'Health Resources' then type "mammogram" in the search box for more information. Also, click on 'Interactive Tools' to take the Breast Cancer Quiz or our Breast Cancer Risk Assessment. Under 'Multimedia Tools' and 'Clinical Wizards' you can participate in our Breast Cancer Clinical Wizard for a real-time, customized assessment of your breast health. Or, you can schedule an appointment with one of our women's health providers at Family Medical Center's OB/Gyn Department by calling 264-7180.

Mammogram Myths

Part of the mammogram's intimidation factor is the fear of the unknown — especially if you've never had a mammogram before, or you've been asked to return for a repeat exam. Know the facts from the myths about breast care, mammograms, and breast cancer — and you'll feel much more informed and at ease.

Myth: Mammograms cause breast cancer.

Fact: The breast receives the equivalent amount of radiation used during a dental x-ray, according to the Food and Drug Administration, which regulates mammography machines.

Myth: A mammogram is very painful.

Fact: Most women do not experience pain during a mammogram, only slight discomfort because of the compression of the breast tissue. However, scheduling your mammogram about one week after your period, reducing your caffeine intake, and taking an over-the-counter pain medication prior to the exam can help. Also, each "picture" of your breast doesn't take very long, so any discomfort is temporary.

Myth: If there's no history of breast cancer in my family, I don't need to worry about getting a mammogram.

Fact: More than 80 percent of breast cancers are diagnosed in women with no family history, and only 5 to 10 percent of breast cancers are hereditary.

Myth: My doctor didn't tell me to get a mammogram, so I don't need one.

Fact: Today, most doctors tell women to begin having mammograms every year starting at age 40. But if you have a family member who has had breast cancer, or you have had suspicious symptoms such as pain or a lump, and you are under age 40, talk with your doctor about when you should begin getting annual mammograms.

Myth: A lump in your breast means you have breast cancer.

Fact: Eighty percent of breast lumps are actually benign (i.e., non-cancerous). A breast lump may be a cyst, a non-cancerous growth known as a fibroadenoma, or simple hormonal changes that are affecting the consistency of the breast tissue. It's important to see your doctor promptly, though, for diagnosis.

Myth: Women with large breasts (or small breasts) are more likely to get breast cancer.

Fact: The size of a woman's breasts has nothing to do with her risk level for breast cancer.

Myth: A primary symptom of breast cancer is a lump you can feel.

Fact: Often, cancer appears on a mammogram long before a lump develops. Most cancers are detected on screening mammograms, which is why an annual mammogram is so important.

Myth: If you notice a lump, watch to see if it goes away, gets any bigger, or becomes painful, then call the doctor.

Fact: Don't wait for a lump to change or develop other symptoms. Call your doctor promptly to have it evaluated.

Myth: If you or your family has a history of cysts, future lumps are likely to also be cysts.

Fact: Don't wait to tell your physician about a new lump, just because previous lumps have been benign.