



Breast Health Program



*Here to serve you
and your family for
all your breast care needs.*

NAVAL HOSPITAL
PENSACOLA
(850) 505-6042

Naval Hospital Pensacola has a full-time Breast Health Program nurse on staff to provide information, education, support, advocacy, consultation, and awareness. She can assist in the following areas:

- The proper technique for Self Breast Exam (SBE) endorsed by the American Cancer Society to promote early detection and self awareness
- Personalized breast cancer risk assessment.
- General information on breast health and breast conditions
- Emotional support and education for breast cancer and the surgical/medical options available
- Pre/post-operative teaching for breast surgery
- Emotional support for you and your family during your surgical procedure. May accompany you to surgery and stay with you during your procedure
- Assist with referrals for post mastectomy bras, prosthesis and wigs.

- Assist with community services provided in the area, such as Reach for Recovery, Lymphedema services, Breast Cancer Support Groups, and American Cancer Society services

- Help you arrange consults/appointments off base as well as procedures, that are not available at NHP to enhance access to appropriate quality care.

Located in the General Surgery Clinic, 1st floor Naval Hospital. Here to serve you and your family for all your breast care needs.

NAVAL HOSPITAL PENSACOLA

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Breast Cancer

The greatest risk factor for breast cancer is being a woman. One in eight women are expected to get breast cancer in their lifetime. (1 in 8). **Prevention is our best protection.** Recent advances in the detection, diagnosis, treatment and prevention have allowed many women to live longer and healthier lives following breast cancer treatment. In many cases we are able to save the breast or reconstruct it.

Your best defense against breast cancer is early detection to include:

Regular breast self exam (BSE) so you know the feel of your breasts and can report any changes to your medical provider.



Clinical breast exams by your provider every year after age 35.

Mammograms every year after age 40, unless indicated otherwise.

Remember, you are part of the team involved

BREAST SELF EXAM (BSE)

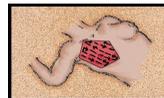
Breasts come in all shapes and sizes and will undergo many changes throughout your life. Your monthly menstrual cycle, menopause, pregnancy, weight changes, birth control pills or other hormones may change the shape, size, or feel of your breasts.



Check your breasts on the day after your menstrual period or the same day each month if you no longer have periods. Begin by looking at your breasts in front of a mirror in 4 positions:



Arms at sides



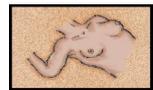
Arms up

Leaning forward

Hands on hips

Look for **changes** in shape, appearance, nipples, or vein pattern.

To feel for changes use the pads of 3 fingers and form 3 dime-size circles using 3 pressures (light, medium, and deep). Do this in a



up & down pattern across the entire breast gland.

To check your right breast, lie on your left side with your right knee flexed. Place your right hand on your forehead and rotate your right shoulder so that it is flat on the bed (I call it the “southern belle” fainting position). This will allow you to check the outer half of the breast keeping the tissue spread out evenly so you will be able to feel more breast tissue.



Turn to your back when you get to the nipple to continue checking your breast to your breastbone.

Mammography

A mammogram is an x-ray of the breast. Mammograms can find cancers that are too small to be felt. This is the stage when a cancer can be most successfully treated. Modern mammography equipment uses very low levels of radiation. It usually involves two x-rays of each breast, one taken from the top and one from the side. Although mammography may be uncomfortable because of the need to compress the breast between two plates to get a good pic-

Sign-Up Form Title

Sign	Time	Price
<input type="checkbox"/>	00:00	\$00.00
Type the event name here		00:00 \$00.00
Subtotal:		_____
Tax:		_____
Total:		_____

Name _____

Address _____

Phone _____

Method of Payment

- Check
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- Visa
- MasterCard
- American Express

Credit Card # _____ Exp. date _____

Signature _____