

About this leaflet

Fibroadenoma was written by Breast Cancer Care's clinical specialists, and reviewed by healthcare professionals and members of the public.



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Breast Cancer Care doesn't just support people affected by breast cancer. We also highlight the importance of early detection and answer your questions about breast health. Our publications and website provide up-to-date, expert information on breast conditions and looking after your breasts.

If you have a breast cancer or breast health query contact our Helpline on **0808 800 6000** or visit www.breastcancercare.org.uk

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Fibroadenoma

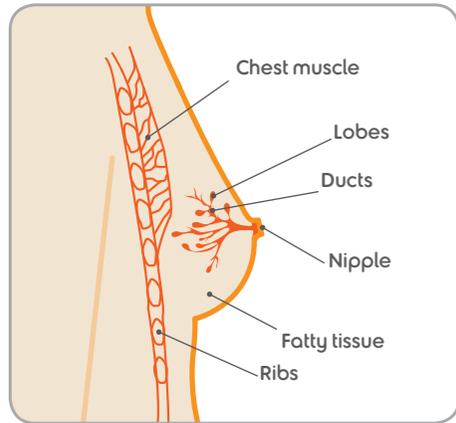
This leaflet tells you about fibroadenomas. It explains what a fibroadenoma is, how it's diagnosed and what will happen if it needs to be followed up or treated.

Although much more common in women, men can also get fibroadenomas (but this is very rare).

What is a fibroadenoma?

Fibroadenomas are benign (not cancer). They don't become a cancer and they don't increase the risk of developing breast cancer. It's thought that they occur because of increased sensitivity to the female hormone oestrogen.

The breast



Breasts are made up of lobules (milk-producing glands) and ducts (tubes that carry milk to the nipple), which are surrounded by glandular, fibrous supporting tissue and fatty tissue. Fibroadenomas develop from a lobule. The glandular tissue and ducts grow over the lobule and form a solid lump.

Fibroadenomas are very common and it's not unusual to have more than one. They often develop during puberty and so are mostly found in young women, although they can occur in women of any age.

A fibroadenoma usually has a rubbery texture, is smooth to the touch and moves easily under the skin. Fibroadenomas are usually painless, but sometimes they may feel tender or even painful, particularly just before a period.

Most fibroadenomas are about 1 to 3cm in size and are called simple fibroadenomas. Occasionally, a fibroadenoma can grow to more than 5cm and may be called a giant fibroadenoma. Those found in teenage girls may be called juvenile fibroadenomas.

Most fibroadenomas stay the same size. Some get smaller and some eventually disappear over time. A small number of fibroadenomas get bigger, particularly those in teenage girls. Fibroadenomas can also get bigger during pregnancy and breastfeeding but often reduce in size again afterwards.

How are they diagnosed?

Fibroadenomas usually become noticeable as a lump in the breast. When you have a breast examination, your GP (local doctor) will sometimes be able to say whether the lump feels like a fibroadenoma. However, they're likely to refer you to a breast clinic where you'll be seen by specialist doctors or nurses.

At the breast clinic you'll undergo various investigations known as 'triple assessment' so that a definite diagnosis can be made. This assessment consists of:

- a breast examination
- a mammogram (breast x-ray) and/or ultrasound scan (uses high frequency sound waves to produce an image)
- a fine needle aspiration (FNA) and/or a core biopsy.

An FNA uses a fine needle and syringe to take a sample of cells for analysis. A core biopsy uses a larger hollow needle to take a sample of breast tissue. Several tissue samples may be taken at the same time. This procedure will be done using a local anaesthetic. Because tissue is taken rather than cells (as in an FNA), it gives more detailed information.

These samples are then sent to the laboratory to be looked at under a microscope.

Fibroadenomas are often easier to identify in younger women. If you're in your early 20s or younger, your

fibroadenoma may be diagnosed by examination and ultrasound only. However, if there's any uncertainty, an FNA or core biopsy will be done.

If you're under 40, you're more likely to have an ultrasound than a mammogram. Younger women's breast tissue can be dense which can make the x-ray image less clear so normal changes or benign breast conditions can be harder to identify. However, for some women under 40, mammograms may still be needed to complete the assessment.

Please call our free Helpline if you'd like more information about any tests you may be having, or see our booklet **Your breast clinic appointment**.

Follow-up or treatment

In most cases you won't need any follow-up or treatment if you have a fibroadenoma. Usually you'll only be asked to go back to your GP or the breast clinic if it gets bigger or you notice a change.

Sometimes an operation (excision biopsy) is needed to remove a fibroadenoma because of its size. This may be done using a local or general anaesthetic. You can also request to have it removed.

Your surgeon may use dissolvable stitches placed under the skin which won't need to be removed. However, if a non-dissolvable type are used, they will need to be taken out a few days after surgery. You'll be given information about this and about looking after the wound before you leave the hospital.

You may be offered a vacuum assisted excision biopsy to remove the fibroadenoma. This is a way of removing small fibroadenomas under local anaesthetic, without having surgery. After an injection of local anaesthetic, a small cut is made in the skin. A hollow probe connected to a vacuum device is placed through this. Using ultrasound or mammography as a guide, breast tissue is sucked through the probe by the vacuum into a collecting

chamber. The biopsy device is used in this way until all of the fibroadenoma has been removed. This may mean that an operation under a general anaesthetic can be avoided. The tissue removed is sent to the laboratory and examined under a microscope. This procedure can cause some bruising and pain for a few days afterwards.

Removing a fibroadenoma doesn't usually affect the shape of the breast, but there may be a slight dent in the breast where it has been removed.

You can call our free Helpline if you'd like more information about any treatments you may be having.

What this means for you

You may be anxious about what having a fibroadenoma means for you. Even though you may feel relieved that it is a benign condition, you may still worry about breast cancer.

Having a fibroadenoma does not increase your risk of developing breast cancer. However, it's still important to be breast aware and go back to your GP if you notice any further changes in your breasts, regardless of how soon these occur after your diagnosis of a fibroadenoma.

You can find out more about being breast aware in our booklet **Your breasts your health: throughout your life**.

If you'd like any further information or support, call our free Helpline on **0808 800 6000** (Text Relay 18001).