

BREAST MASSAGE

Conditions:

Given that breast massage is requested or clinically indicated prior to treatment, and that the client has consented to breast massage.

Clinical Indicators concerning the Breast

- general drainage problems
- pre/post menstrual pain
- breast swelling and/or congestion
- discomforts of pregnancy and/or lactation
- blocked milk ducts (contraindicated if mastitis)
- pre/post surgery including breast augmentation or reduction
- symptomatic relief of pain
- promotion of good quality scarring and relief of adhered/restrictive/painful scarring
- common benign breast conditions
- assistance with breast health
- discomfort from cancer treatment
- rehabilitation from cancer treatment

Task:

Perform breast massage

Standard:

Quality / Technical & Interpersonal:

- So that you do not touch the nipple and/or areola.
- So that the breast tissue is uncovered only when it is being treated directly. (not with standing clause in Communication / Public Health Standard 12 applies)
- So that breast massage is not performed or is modified if a contraindication to this treatment exists.

Safety

- So that vigorous techniques are not used when breast implants are present.
- So that consent was obtained in accordance with Communication / Public Health Standard 7

Reference:

Health Care Consent Act, 1996

Position Statement on Treating Sensitive Areas

Position Statement on Treatment of Sensitive Areas:

Information Sharing and Consent Involving Treatment for Conditions of the Chest Wall Musculature, Breast Tissue, Inner Thigh, and Gluteal Region

Background

The chest wall musculature, breast tissue, inner thigh and gluteal region are considered sensitive areas of the body generally regarded as potential targets for both misunderstandings of intent and actual sexual abuse. To address increased allegations of violation of clients'

rights and sexual abuse, the College would like to ensure that sufficient information is being shared with clients regarding the nature of treatment plans and draping being proposed.

Position

Clients are entitled to informed choice concerning all proposed treatments and treatment plans. All clients regardless of age or gender who receive massage therapy are entitled to a complete explanation of the proposed treatment including: prediction of both frequency and duration of treatments, proposed draping and positioning, risks and benefits, alternatives to treatment or draping, and right of refusal throughout the care plan. In addition, it is the College's position that for proposed treatment of sensitive areas, chest wall musculature, breast tissue, inner thigh and gluteal region, a signed form acknowledging that information sharing and informed choice has occurred should be placed in the client's file. Changes to this consent should also be recorded as they occur.

Guidelines

Massage therapists need to remember, and should inform their clients that, a signed consent is not valid without ongoing informed consent. Therapists should be careful to obtain and record verbal consent for all procedures, including massage to sensitive areas, each time treatment is delivered.

The client has the right to a re-assessment of the treatment plan, and when the treatment plan outcomes have been met, treatment of the sensitive area is to be discontinued.

When a condition does not respond to the proposed treatment plan, it is the responsibility of the therapist to discontinue the plan and refer the client to the appropriate care provider.

Massage Therapists must conduct themselves responsibly and understand that treatment of chest wall musculature, breast tissue, inner thigh and gluteal structures that exceeds reasonable professional practice is disconcerting to the public and the College, and may be considered grounds for charges of professional misconduct.

None of the above should prevent or discourage a therapist from creating an alternative Information and Consent Form to include signed consents for all treatment plans, but it is not the College's position at this time that this is required.

An example of a consent form is below:

I understand that by signing this form that I am choosing to proceed with the treatment and /or treatment plan proposed at this time. I understand that I may change my mind, alter or refuse treatment at any time during this or any other treatment. This completed form will be kept in my client file held by _____ MT.

Please read and sign.

I have been informed of and have understood the reason(s) for receiving massage to my

_____ breast tissue

Regarding massage of my breast(s), I have been informed of the clinical indicators for breast massage that relate to my situation: _____ (Massage Therapy Standards of Practice).

As well, I understand that the nipples and/or areolas of my breasts will not be touched during the breast massage

_____ chest wall muscles

_____ inner thigh(s)

_____ buttock(s) (gluteal muscles)

by _____, MT___ Registration # _____.

For any of the above areas, I have been informed of the reasons, the benefits, risks and side effects, and the proposed draping (covering). In addition, I have had all of my questions regarding this treatment answered by the massage therapist.

I understand that I can alter or rescind my consent at any time during this or any treatment. At this time, I am voluntarily giving my consent for the treatment and/or treatment plan as discussed with me.

Name _____

Date _____

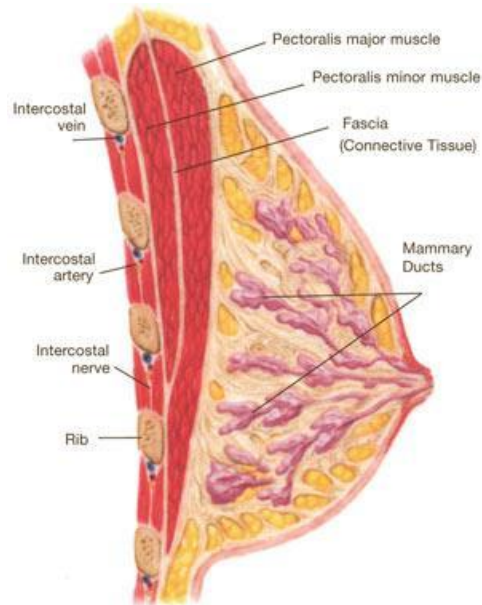
Signature: _____

Thank you for your cooperation.

BREAST MASSAGE

General Anatomy

- Layers of subcutaneous superficial fascia
 - Superficial layer – anterior boundary of mammary gland
 - Deepest layer – posterior boundary and sits on muscles of chest wall
- Tissue is anchored by extensions of fascial membranes called ligaments of Cooper
- Retromammary Space is arrangement of loose connective tissue that lets the breast move fairly freely over the fascia covering pec major and important in lymphatic drainage
- There are no muscles or cartilage structures in the breast
- Nipple is in the center of the areola, both which have smooth muscle which runs circular and radially
- These muscles are important for lactating woman for emptying the milk sinus



Breast Tissue Boundaries

- Typical boundaries are as follows
 - Upper – 2nd or 3rd rib
 - Lower – 6th or 7th costal cartilage
 - Medial – sternal edge
 - Lateral – anterior axillary line
- These layers of mammary tissue reach beyond these borders extending to:
 - Upper – lower edge of clavicle
 - Lower – 1 inch below breast contour overlying upper fibers of rectus abdominus
 - Medial – sternal midline
 - Lateral – anterior edge of lats and varying amounts continuing into axilla
- An average of 50% of the breast sits on pec major and other chest wall muscles (especially serratus anterior)
- Common to have breasts of unequal size

General Information

- Can be performed on female and male clients
- Can be appropriate for certain conditions such as fibrosis and the development of scar tissue after surgery
- If breast massage for a specific condition is deemed appropriate the following measures are recommended:
- Work with a specific written consent for breast massage
- Use careful draping
- Work gently, professionally and confidently
- Avoid the nipple area

Indications

- Congestion, edema, lymphedema
- Breast pain
- Discomfort of pregnancy, breast feeding, weaning
- General drainage problems
- Premenstrual congestion
- Tenderness or congestion with benign conditions
- Breast trauma
- Restrictive, adhered, poorly oriented scars
- Reduction of pectoral major tone following submuscular implant placement
- Client request
- Assistance in breast monitoring

Contraindications

- Lactational mastitis, post surgical infection, current active infection for any reason
- Specific onsite work a location of undiagnosed lump or abscess
- Direct pressure on an implanted breast manifesting a distorted contour or with submuscular placement manifesting lateral breast and subscapular pain
- Client unsure of comfort zone
- Therapist cannot establish professional neutrality
- Client and therapist cannot establish open communication
- Client does not give consent or withdraws consent

Warning Signs

- Nipple Discharge
- Nipple Retraction
- Lump
- Changes in Breast Contour
- Changes in skin colour or texture
- Atypical presentation of breast lesion
- Skin breakdown
- Breast massage through a t-shirt or sheet can be workable for the client who chooses not to have the breast undraped for treatment
- Extra care must be taken to avoid the nipple area and client should be sure to pull the fabric inward and slightly upward to avoid drag of the fabric over the nipple

KEY WORDS

Mammary: pertaining to the breast, or tissues of the breast

Mast-: prefix which means pertaining to the breast or breast tissue

Mastalgia: breast pain, also sometimes called mammalgia or mastodynia

Mastitis: breast inflammation and or infection

Mastectomy: full or partial removal of a breast, usually because of cancer; radical mastectomy refers to removal of the whole breast and ipsilateral lymph nodes

Lump: a non-specific term used in the breast context to mean a palpable density, nodularity, mass, or other distinct structural change in the feel of a breast's tissue

Involution:

1. The monthly process which ensues when a pregnancy has not occurred; the breasts recede from a state of readiness for pregnancy and lactation
2. The return to pre-pregnancy state after breastfeeding ends
3. Regression and resorption of the breast alveoli and duct structures which begins at approximately age 35 and is completed following menopause; caused by hormonally directed changes in the woman's reproductive system

Lactation: the period in which a woman's breasts are producing milk and she is breastfeeding an infant

Cyst: cysts are encapsulated sacs filled with fluid or semi-fluid substances; they can occur throughout the body, including the breasts

Discharge: the term used to describe fluid seepage from a nipple, especially in circumstances where the woman is not pregnant or breastfeeding

Ominous Signs: in the breast context, used to mean signs or symptoms which are suggestive that cancer could be present and should therefore receive further investigation.

Class discussion about breast massage: How they feel about the topic

Read page 95-103 "Issues, Decision-making and Guidelines" in Debra Curties – Breast Massage

Summary of specific considerations in Breast Massage – (Debra Curties)

1. Breast tissue is present beyond the visible contours of the breast. The tissue that extends beyond the rounded breast structure is equally likely to experience congestion and tenderness, or to develop benign or malignant formations

2. There are no muscles or dense connective tissue structures in the breast; manual techniques employed by the practitioner should not overstress the breast's supporting fascial membranes and ligaments of Cooper.
3. It is not uncommon for woman's breasts to be differ in shape and size
4. A percentage of breast pain results from causes outside the breast tissue, usually musculoskeletal causes of ischemia or pain referral
5. Males get breast conditions, too, including cancer. While the incidence is low, the prognosis is often poor because of the late diagnosis.
6. Regardless of the specific reason for giving a breast massage, the therapist should be mindful of the larger goal of raising the client's positive relationship with her breasts and commitment to breast health practices.
7. It is important to keep in mind that the chest can be an emotionally charged body area. This awareness includes staying fully present for the client during the treatment, and working carefully and respectfully within the client's wishes and comfort zone
8. Women experiencing breast discomfort will often not volunteer information about their symptoms. Case history questions which elicit this information are useful, even if breast massage is not intended, to assist the massage therapist to choose comfortable positioning to avoid aspects of treatment which might add to the breast discomfort
9. Breast massage usually feels more integrated and holistic when it is incorporated with anterior trunk and abdominal massage
10. It is normal for lactating mothers to express milk from their breasts, often without any stimulation if their breasts are full, and frequently in response to breast massage or lying in positions that compress the breasts
11. Women with duct ectasia are likely to be uncomfortable with cold applications or lying prone
12. Post mastectomy, the tissue area of the former breast should always be approached with the same special consideration as the other breast. As well, it is important to be aware that the removed breast can have an energetic and/or sensory presence for the woman, including "Phantom limb"
13. Practitioner needs to have an awareness of breast implant obsolescence. This includes monitoring for signs of distortion, calcification, and fill extrusion. Implant breakdown is especially likely as it ages beyond 7 years. Increased caution with manual techniques is indicated.

"Protection of the client and Practitioner" – Debra Curies pg 108 – 123

Communication and Trust

- Nothing ensures the protection of the client and the therapist like the establishment of a therapeutic relationship in which there is trust and good communication. It has to be earned, and it is our responsibility to demonstrate our trustworthiness and our willingness to engage with our clients in dialogue about their needs, concerns and goals. Once this trust is established, the client is more likely to be relaxed and flexible about new concepts like breast massage
- Non-verbal communication is as important as verbal communication. Honesty, integrity and accountability are communicated on a subtle as well as overt levels.

- Massage therapists need to provide women with information about what breast massage can offer them without being pushy, judging, or rushing their decision.
- A client who cannot, for whatever reason, participate in such a conversation in order to inform herself and communicate her boundaries should not receive breast massage
- The practitioner that cannot talk openly and fully about the proposed treatment must consider himself or herself unsuited to work with a client that needs breast massage
- If a client decides that they do not want breast massage, her decision must be received, and respected. Once the topic has been discussed and a “no” conclusion is reached, the therapist can indicate openness to having the subject raised again in the future if the client wishes, and then must move on.

Hydrotherapy

- Cold figure 8 wrap around breasts – to decrease pain, tenderness and congestion in the breasts
- Hot modality – like paraffin wax or hydroc before working scar tissue
- Contrast – cold/hot towels to decrease congestion or chronic edema

Scar work

- Breast scars can cause women a number of problems, including pain, decreased ROM and obstruction of circulation and drainage. Some scars are also distressing because the adhesions, pulling and tension can make them less esthetically pleasing, causing self-consciousness within the client
- Breast scar treatment can offer clients a great deal of improvement, and in turn can be very satisfying work for the therapist.

References

Debra Curties RMT., “Breast Massage”. Copyright 1999