

# Breast lumps and changes

## *most are harmless — all deserve checking*

The great majority of breast lumps turn out to be benign. That is genuinely reassuring and it is not a reason to wait. Breast cancer treated early has excellent outcomes, and the only way to know which sort of lump you have is to have it assessed.

### Arrange assessment promptly for

- a **new lump or thickening** that does not go away after a period
- a change in **size, shape or outline** of one breast
- **skin dimpling, puckering, or an orange-peel texture**
- a **nipple that has become pulled in**, or changed direction
- **discharge from one nipple**, especially if bloodstained or spontaneous
- a **rash, scaling or crusting on the nipple**, or a lump in the armpit

Breast changes in men need assessing on the same basis — men get breast cancer too, and typically present later because they do not expect to. Pain alone, without a lump, is rarely a sign of cancer but is still worth discussing.

## Knowing your own normal

There is no single correct technique and no fixed schedule. What matters is being familiar enough with how your breasts normally look and feel — including how they change through the cycle — that you would notice something different. Look as well as feel, in a mirror, with arms down and then raised. Include the upper chest and armpits.

Breasts are often naturally lumpy, more so before a period, and asymmetry is normal. It is **change** you are looking for, not perfection.

## What most lumps turn out to be

- **Fibroadenoma** — smooth, firm, mobile, common in younger women. Harmless.
- **Breast cyst** — fluid-filled, often tender, common in the forties and fifties. Can be drained if uncomfortable.
- **Fibrocystic change** — generalised lumpiness and tenderness varying with the cycle.
- **Fat necrosis** — a firm lump following injury or surgery.

- **Infection or abscess** — a hot, red, painful area, most common while breastfeeding.

### Triple assessment

A breast clinic assessment has three parts: examination, imaging (ultrasound under 40, mammogram and often ultrasound over 40), and a needle sample if anything needs it. Together these are highly accurate. Most people are seen, assessed and reassured in a single visit, and biopsy results follow within days.

## Breast pain

Cyclical pain, worse before a period and affecting both breasts, is very common and rarely indicates anything serious. It often improves with a well-fitted supportive bra, regular anti-inflammatories, and reducing caffeine. Non-cyclical pain in one specific spot is worth examining, though it too is usually benign.

## Screening

NHS breast screening invites women aged 50 to 71 every three years. Screening is for people **without** symptoms — if you have found a lump, do not wait for your next invitation, and do not be reassured by a normal mammogram from months ago.

If you have a strong family history — several close relatives, young ages at diagnosis, male breast cancer, ovarian cancer, or a known gene — you may be eligible for earlier and more frequent screening and for genetic assessment. It is worth mapping your family history properly.

**Book an appointment** if you have found a lump or noticed any change. We can examine you the same day and arrange ultrasound and mammography on site, with rapid onward referral if anything needs it. Nobody will think you are wasting our time.

## Same-day examination, imaging on site

Women's health appointments seven days a week on Whitechapel Road.

**Book an appointment**

or call 020 7916 0029

## Where to get help

### Tower Bridge Hospital London

97–99 Whitechapel Road, London E1 1DT

**020 7916 0029**

WhatsApp **07903 284 189**

**[info@mhwclinic.co.uk](mailto:info@mhwclinic.co.uk)**

Open 7 days, 9am–7pm

### In an emergency

Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

### When we are closed and it is not an emergency

Call NHS 111 or visit [111.nhs.uk](https://111.nhs.uk).

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This leaflet is based on current NHS and NICE NG12 guidance on suspected cancer recognition and referral, and NHS breast screening guidance. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.

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