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Assessing of the “risk of pain” in mammography

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Purpose: Mammography is an important tool in the secondary prevention of breast cancer. However, according to literature, a wide percentage of women reports pain or discomfort during the procedure that may undermine compliance with periodic or follow-up mammography. The study focuses firstly on identifying the factors that determine the risk of pain during the mammography procedure with special attention to the woman-related factors, the examination context, the procedure itself and the screening staff; secondly, it sets out to define recommendations to reduce the pain experienced during mammography.

Methods and Materials: 300 women >40 years were interviewed immediately before and after undergoing mammography. Pre-test interview was used to evaluate the expected pain and the risk factors. Subsequently, after an appropriate counselling and the given option over the control of the compression force, mammography was performed. In post-test interview the women were asked about the pain experienced, the difference between what experienced and their preliminary expectation, and the most stressful moment of the entire procedure.

Results: Study results showed a number of women-related, staff-related and procedural-relate factors considered significant in the assessing of the risk of pain, besides anticipatory anxiety related to a possible positive diagnosis. Anticipation of pain and discomfort were the dominant factor explaining a pain experience, except for women at their first mammography. For these women seems to be crucial the staff behaviour, even more for those at their follow-up mammogram, in addition to anticipatory anxiety. Despite the most of assessed women expected that mammography would be painful, most of those who anticipated pain has reported that the severity of pain experienced during current test was much lower than how it was anticipated, except from women with breast cyclic pain.

Conclusions: These data serve to emphasize the need for a careful assessment of the emotional status of the woman and an appropriate pre-mammography counselling, to address those factors which may interfere with future adherence and compliance. Interventions include an empathetic and supportive breast radiographer behaviour. In the circumstances that previous mammography was very painful, or it is known that the participant has sensitive breasts, additional care should be taken by offering women the chance to control the pressure themselves, as earlier studies showed that this measure is effective without compromising image quality. The results also highlight the need for promote a specialist training for breast radiographers, whose attitude and behaviour play an important role in the experience of pain and, consequently, on compliance with periodic or surveillance mammography.

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