

Dr. Beauty's

GUIDE TO YOUR BEST...

*B*REAST
HEALTH



MARIAM AWADA, MD, FACS
PLASTIC SURGEON

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DEDICATION

*To all the beautiful women in the world,
may you live healthy and joyous lives!*



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Preface

Dr. Beauty's **Guide to Breast Health** is a must-read for women to be empowered and improve their breast health. You are provided with a detailed, and informative complete guide for understanding and mastering your breast health. Included are step-by-step instructions for self-breast exams, cancer risk assessment and breast cancer prevention.

Breast cancer is a leading killer of women age 20 to 59. One in eight women are affected and few have a genetic predisposition. In other words, many breast-health risks can be minimized by a healthy lifestyle. This book covers everything you need to know about your breasts, and what you need to do, when, why, and how. As a united force we can beat breast cancer together.

As a Plastic Surgeon since 2003, I have had the honor and privilege of helping thousands of women achieve their breast enhancement goals. Some women desire breast augmentation, breast lift, breast reduction and a combination of the above. As a patient advocate I have invested a great amount of time educating women about breast health, and preventative care. Confidently take on your breast-health responsibilities.

Introduction

Dr. Beauty's **Guide to Breast Health** was written to inform, empower, and inspire young girls and women alike with breast-health knowledge.

You will better care for your breast by understanding your:

- Breast anatomy and development
- Breast self-care strategy
- Breast-cancer risk, detection, and prevention
- Breast nursing and care
- Breast sensual function
- Breast aging, sagging, and prevention

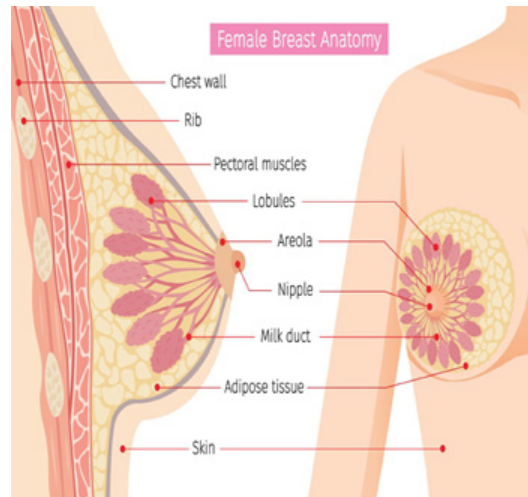
Every two minutes, a woman is diagnosed with breast cancer in the United States. Education and prevention is your key to wellness and the best preventative treatment for breast cancer. This book educates you about your breast anatomy and changes that may lead to cancer. Illustrations and step-by-step instructions enable you to perform your monthly self-breast exam so you can do your part. You will be able to identify your unique breast cancer risk factors and determine your risk assessment. You will also learn what decreases your risk as well as what to avoid that increases your risk.

Dr. Beauty's **Guide to Breast Health** is your go to source for breast health education. Women have many breast changes from birth including puberty, monthly changes, pregnancy, nursing and menopause. Breast changes vary from person to person but we all have many commonalities. Many women are happier just

understanding why and what happens causing different breast changes.

Breast Health Basics

BREAST ANATOMY



A woman's breasts are both sexual and mammary organs on the front of the chest.

The practical anatomy and basic components are:

- Skin envelope
- Fatty breast tissue
- Glandular breast tissue
- Ductal network from gland to nipple
- The nipple-areola complex
- Cooper's and fibrous supporting ligaments

Breast Glandular Tissue

The mammary glandular tissue is the milk producing breast tissue. The left breast typically has 12 to 15 glandular lobules. The right breast has 10 to 12 glandular lobules. Each breast is made up of

many smaller lobules, similar to a cluster of grapes. The small lobules are the gland that produces milk in nursing women. Milk ducts carry the milk from the lobules to the nipple.

These breast structures are generally where breast cancer is more likely to form.

Based on my last 15 years of experience, it is normal to be asymmetric. The majority of my patients have a larger left breast and chest.

The breast glandular tissue is the cause of fluctuations of breast size and tenderness with:

- Menstrual cycle
- Hormonal fluctuations
- Pregnancy
- Breastfeeding

Breast Fatty Tissue

Fatty tissue contributes to give breasts their: shape, size, softness, and weight.

The fatty tissue is the major reason breasts change with weight gain and weight loss. Similar to glandular tissue, women tend to have more fat on the left breast, which contributes to left side greater in size and is also the most common cause of breast asymmetry.

Neural Network

The breast is geared with four key nerves. The nerves which overlap to fulfill the sensitivity needed for sexual stimulation.

Breast Support

The mammary glands are supported in the breast by:

- Fibrous connective tissue between lobules
- Fatty breast tissue
- Cooper's fibrous ligaments
- Breast fascia, and
- Skin envelope

The Cooper's ligaments support the breast from the skin inward to the chest wall. Dense fibro-glandular connective and interlobular tissues support the weight of the breast in an upright position.

These breast ligaments are strong and fibrous, with elastic limitations like a rubber band. If overstretched, the elastin fibers break, leading to sagging.

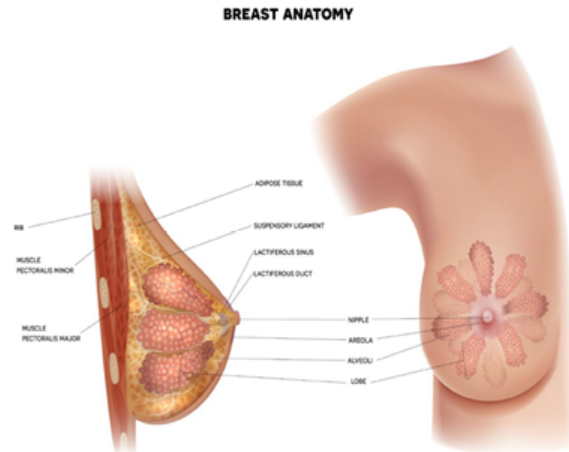
Chest Wall

There are no muscles in the breast. The breast tissue lies on top of the pectoralis muscles. Beneath the pectoralis minor and major muscle layer are the ribs that form the chest wall.

In my 15 years of clinical experience, I have observed that the rib cage is more prominent on the left side in the majority of women. The ribs project outward to better accommodate the heart which sits under the breastbone for protection. This is the most frequent natural expected asymmetry noted on examination.

Cleavage

The inter-mammary sulcus is the space between the breasts where the skin and tissues adhere to the breastbone (sternum). The width of your breastbone and the connected skin significantly influence the width between your breasts. Hence, the location of your skin and pectoral muscle connection to your breastbone defines your cleavage.



Nipple-Areola Complex

- The nipple-areola complex (NAC) serves as a point for lactation. The NAC in sexually mature women is an average of 38 mm- 45 mm depending on the size of the breast.
- In the left breast, 12 to 15 ducts coalesce to deliver milk through the nipple. In the right breast 10 to 12 ducts join at the nipple.
- The darker pigmented area around the nipple is called the areola.
- The areola has oil glands known as Montgomery glands dispersed throughout. The oil glands provide a protective moisturizer against areola chafing, cracking, and infection by the bacteria in the baby's saliva. The oil also lubricates the areola for more effective suckling and suction.

BREAST HEALTH TIPS



- Stay physically fit. Exercise, exercise, exercise!
- Maintain a healthy weight and a body mass index (BMI) in normal range.
- Avoid rapid and drastic weight fluctuation.
- Fill up on high antioxidant fruit and veggies.
- Minimize alcohol consumption.
- Get a good night's sleep.
- Eat a balanced diet rich in plant foods.
- Keep trans fat intake to less than 10% of calories or 30 grams of fat per day.
- Keep diet low in saturated fat. Unsaturated fats like olive oil are healthier.
- Control quantity; an appropriate serving size is equal to the size of your fist.
- Do not smoke.
- Use a brassiere with a cup that effectively supports the weight of your breast.
- Wear a correctly fitted and adjusted bra for your breast size, rib width and shoulder height.
- Get a yearly clinical exam by a physician.
- Get a mammogram every 1 to 2 years at 40 or sooner depending on your family history and physician's recommendations.
- Eat a diet high in antioxidants (omega-3).
- Avoid processed foods

BREAST SELF EXAM



How?

Place the hand of the side being examined behind your head. Use your opposite hand to perform the exam. Use a sliding motion with the pads of your index, middle, and ring fingers.

Envision your breast as a target. Start at the nipple area and slide your fingers around your nipple and in greater-sized circles around your nipple until you get to the outermost areas of your breast and armpit.

Always examine under your upper outer pectoral muscle all the way to armpit. Feel for unusual lumps or firmness. Check for nipple discharge by squeezing nipple.

When in doubt, always make an appointment with your doctor to have an in-office examination.

Why?

40% of diagnosed breast cancers are detected by women who feel a lump, so establishing a regular breast self-exam is very important.

When?

It is important to perform a monthly breast self-exam with or without implants. It is recommended to perform your self-exam at the same time every month. Avoid the time during and near menstruation since breast are more sensitive and fibro-glandular and tender.

Where?

The exam can be performed: in the shower, lying down in bed, or standing in front of a mirror.

BREAST CANCER: FACTS



- A woman is diagnosed with breast cancer every two minutes.
- Breast cancer is the leading cause of cancer death among women worldwide. A woman has a 1 in 8 risk of breast cancer.
- Every year approximately 1.8 million women are diagnosed with breast cancer. In the US 250,000 women are diagnosed per year.
- You can lower your risk. 9 out of 10 breast-cancer cases can be triggered by an unhealthy lifestyle: obesity, lack of exercise, smoking, and alcohol consumption.
- Mammogram screening with early diagnosis is the key to survival.
- Diet is partly responsible in 35% of all cancers. Choose organic foods. Avoid pesticides.
- Avoid inhaling toxins and using topical chemicals on your skin, hair, or nails. Parabens and phthalates are cancer causing toxins commonly found in cosmetic products - makeup, hair care, fragrances and lotions.

BREAST CANCER: PREVENTION



Be your own health advocate and ensure early detection of breast cancer! Remember that each day we are given is a gift. Do your part!

- Perform a monthly breast self-exam.
- Get a yearly clinical exam.
- Get a routine mammogram.
- Know the way your breasts feel and mention any breast changes or lumps to your doctor.
- Spread the word: education and mammographic screening are key to prevention of breast cancer.
- Encourage your loved ones to stay on time with their breast examinations and mammograms.



WOMAN GETTING A MAMMOGRAM

Mammograms are key to prevention or early detection. Get your mammograms every 1 to 2 years or sooner as directed by your doctor.

- Try to go to the same breast-imaging center so they have your previous exams for comparison. It is very helpful for the radiologist to be able to compare your films and detect a change if they have more films over a period of time.
- Inform the imaging center that you have breast implants when you schedule your appointment. They may take different views, or use a specialized technician and technique for the exam.
- Magnetic Resonance Imaging (MRI) may be needed for further evaluation if unclear.
- There may be interference or challenges assessing your breast mammogram if you have:
 - Dense breast tissue
 - Prior breast surgery or biopsy
 - Current or prior breast implants

BREAST CANCER: RISK ASSESSMENT

Being a woman puts you at risk which increases with age. Although it is important to know your family history and tell your doctor, **85%** of women diagnosed with breast cancer **do not** have any family history.

Women with higher risks for developing breast cancer who may need early intervention include those with:

- Personal history of breast ductal carcinoma in situ (DCIS) and lobular carcinoma in situ (LCIS)
- *Age greater than 50* - the risk of developing breast cancer increases with age
- First menstrual period before age 12
- Breast cancer among first-degree relatives (sisters, mother, daughters)
- Breast biopsy with atypical hyperplasia
- Inherited genetic mutations for breast cancer (BRC A1 and/or BRCA2)
- High-dose radiation to the chest or face
- White women have a greater risk of developing breast cancer than African American women.
- Being overweight or obese increases risk.
- Drinking alcohol (beer, wine, liquor) increases risk.

BREAST CANCER: SURVIVORS



Breast cancer can happen to anyone. If you or your loved one are diagnosed with breast cancer build your strength to fight it with the help from those around you and from within yourself.

Daily stress management has been proven to support general health and wellness. Take time to find and cultivate your inner peace. Maintain that as the core of your source of power. Meditative breathing exercises bring your core from your stressed emotional lower brain to your higher intellectual, calm and introspective human mind.

Respond with centeredness and naturally calm the stress that helps you overcome difficult situations.

Daily Meditative Breathing Exercise:

1. Simply close your eyes wherever you are.
2. Take a deep breath in while counting to 3.
3. Hold your breath for 3 seconds.
4. Forcefully exhale while counting to seconds.

5. Hold your breath for 3 seconds.
6. Repeat a few cycles to re-center and relax.



"My mother fought cancer for almost a decade and died at 56. My doctors estimated that I had an 87 percent risk of breast cancer and a 50 percent risk of ovarian cancer,"

Actress and humanitarian Angelina Jolie, voted the most beautiful woman, stunned the world when she announced she had gotten prophylactic mastectomies.

Her admission that she was BRCA-positive led to the number of women getting tested for this genetic defect doubling in the following 6 months.

Angelina Jolie wrote in a New York Times article.

Angelina Jolie decided to be proactive and to minimize the risk as much as she could by having a prophylactic double mastectomy. She is commended for her bravery and preventative self-care strategy.

Stay true to yourself and follow through on breast-cancer prevention. You are on the path to a healthier you!

Breast Function



The breasts have always played important instinctive roles in human society, which include:

- Femininity and sexual identity
- Self-image and body proportion
- Sensuality and sexual pleasure
- Reproductive attraction and mate selection
- Nursing for nutrition and newborn immunity
- Newborn bonding
- Protective padding of heart and vital organs

FEMININITY & SEXUAL IDENTITY



For many centuries, breasts have been a symbol of femininity and beauty with heavy cultural influence.

The breast distinguishes a male silhouette from a female silhouette. This supports the most basic aspect of immediate sexual identity.

Humans are the only primates whose females have permanently enlarged breasts after the onset of puberty. The breasts of other primate species are enlarged only during pregnancy and nursing.

SENSUALITY AND PLEASURE



Breasts are powerful erogenous sensory pleasure organs for both women and men. They fulfill a universal aspect of human sexuality by supporting sensuality, self-wellness, pleasure, and mating.

Nipple stimulation in both men and women triggers:

- Brain excitation and hormone flux
- Activation of sexual pleasure centers in the same areas of the brain that primary sex organs activate
- Enhanced orgasms and sexual health

REPRODUCTIVE ATTRACTION

Breasts serve as the most basic gender identification for reproductive attraction.

Breasts impact sexual selection by distinguishing:

- A mature female (or indicating maidenhood)
- Visual sexually stimulating features
- Signs of fertility

SELF IMAGE & BODY PROPORTION



Large Breasts

Comfort is the key reason women seek breast reductions. The weight and size of large breasts can overwhelm a woman's balance and posture. Similarly, they are unable to work out or perform daily activities which leads to weight gain and unhealthy lifestyle.

Small Breasts

Most women who are fit and healthy are lacking fat tissue in their

breast. Many have a disproportionate flat breast and wide hips, the classic pear shape. This imbalance creates a poor self-image and is the key driver for women seeking breast augmentation or breast enlargement.

Most women are realistic and desire to:

- Have a more balanced hourglass figure
- Fit better in clothing, a business suit, and a bikini
- Look more aesthetically pleasing and balanced walking with greater confidence

Nursing Benefits



BREAST MILK PRODUCTION

A primary biologic function of the breast is to make milk to feed a baby. The cyclical effect of menstruation and ovulation leads to breast fluctuations.

The breast at the areola houses [mechanoreceptors](#) that trigger oxytocin and prolactin excretion from the brain to initiate and maintain nursing upon delivery of baby. This nursing positive-feedback mechanism is a magnificent example of human engineering.

BREAST MILK BENEFITS

Breast milk is the most ideal food for your newborn!

Breast milk:

- contains a balance of nutrients that closely match infant requirements for: brain development, growth, and a healthy immune system
- is rich in vital nutrients (essential fatty acids, vitamins, minerals, and amino acids) that are associated with improved neurological, cognitive, and language development
- helps the baby fight infections because it carries immunologic agents and proteins that act against viruses, bacteria, and parasites. This is the most critical and distinct advantage over formula. A baby needs breast milk until its immune system can fight infection itself.
- reduces risk of acute ear infections, respiratory infections, asthma, obesity, diabetes, and childhood leukemia
- is the food least likely to cause allergic reactions
- is inexpensive and readily available
- has a taste that babies accept readily
- contains nutrients that are present in your blood and body, so be sure to get enough vitamins A, C, D, E, and K, riboflavin, and niacin.
- contains toxins that are present in your blood and body, so do not drink alcohol when you breastfeed because it will be present in your breast milk

NURSING

The lobules are grapelike clustered breast glands that produce milk and merge to ducts at the nipple.

- 12 to 15 lobules coalesce in the left breast
- 10 to 12 lobules converge in right breast
- The left breast produces more milk.
- Baby tends to prefer the left breast.
- Most mothers are right-handed, and feed on the left so they can use the right for tasks. the right hand for tasks.
- The left tends to get larger, and more stretched than the right breast.
- The left breast typically ends up with a looser, and thinner skin envelope after nursing due to the greater degree of irreversible skin stretching.

Nipple Function

For effective milk delivery, the nipple-areola complex (NAC) protrudes 1 cm. A protruding nipple assists a newborn to:

- Locate food by feeling elevation with their cheek
- Latch on for feeding
- Create adequate negative suction without a gag reflex
- Propel the milk from the lobules down the ducts

Areola Function

The typical areola is designed for a suckling infant's optimal

function.

- It is approximately one inch (38 to 45 mm).
- It has mechano-receiving free nerve endings to detect touch, pressure, and stretching.
- It provides a baby's gums, oral cavity, and musculature an effective form for suckling.
- It has specialized oil-producing Montgomery glands that lubricate and protect the nipple areola complex from wear, cracking, irritation, and/or consequent infection.
- It has a unique texture to be more discernable to the infant by touch.
- It has a darker color because of different tissue characteristics and is more visible.

BONDING WITH YOUR BABY



Breastfeeding is associated with a wide range of positive health benefits:

- Production of prolactin and oxytocin during breastfeeding lowers levels of maternal stress and enhanced bonding.
- Improved hormonal and emotional mother-infant bonding with more positive feeding experiences
- Greater instinctual sensitivity and responsiveness to infant needs
- Decreased risk of maternal postpartum depression

Breast Development



The breast is the only organ that you are not born with. Breasts change along with the stages of your life - puberty, pregnancy, pre-menopause, and menopause.

A woman's breasts go through different stages of breast development starting as early as age 7 and continue to change throughout her life. Understanding how breasts develop and change will help you understand normal transformations such as breast asymmetry or sagging.

Newborn - Puberty

- At birth the nipple and milk-duct system form
- At 6 weeks the tissue organizes to form a breast
- At age 9 or 10 years breast buds form
- At age 11 to 13 years breast development (telarche) is triggered by the body's production of estradiol
- At 14 to 18 years glandular tissues reach adult size

Young Adulthood



A woman's growth and development typically lasts from age 9 through 18. It is ideal to wait until age 18 for breast development to be completed prior to a breast reduction, augmentation or enhancement. However, depending on your unique anatomy and circumstances some plastic surgeons will intervene sooner.

Some congenital situations may require earlier intervention such as: severe congenital breast asymmetry, or severe breast enlargement interfering with normal physical and social development.

Individual breast characteristics and determining factors vary such as:

- Skin quality, strength, and elasticity
- Breast-tissue weight and quantity
- Breast-density and proportion of fatty tissue
- Strength of Cooper's-ligaments and tissues
- Tissue elasticity and recoil
- Individual health
- Genetic makeup
- Growth-spurt response to hormones

Breasts Are Sisters Not Twins

Most women have two breasts that are slightly different in size and

shape. Some have a significant variation in breast shape or size, which is readily visible and difficult to hide. This may require plastic surgery to help achieve symmetry in shape or size.

Congenital development differences include:

- Disproportionately small underdeveloped breast tissue
- Complete absence of partial or the entire breast, areola, nipple, muscle, or breast tissue
- Constricted breast with deficient skin in the lower half of the breast
- Tubular-shaped areola or breasts
- Obvious asymmetry in size and shape

Breast Changes

CHANGES DUE TO PREGNANCY

During pregnancy, glandular tissue inside the breast enlarges and the skin envelope stretches. Larger, heavier breasts are pulled downward by gravity.

Your breasts may be tender and leak watery pre-milk called colostrum. Colostrum is a sticky white fluid secreted by the breasts during the second half of pregnancy and for a few days after birth. It has a large number of protective antibodies that boost the newborn's immune system before breast milk comes in.

The human female is the only mammal whose breast development is maintained even after nursing has been completed. The breasts then serve a secondary erogenous, pleasure sensory function. Many women who consult me for augmentation after nursing hope to restore the youth to their breasts so it can fulfill the new primary pleasure function.

Few women enjoy a lifetime of full and perky breasts. The majority who experience nursing have predictable changes that may result:

- Lax and sagging breast appearance
- Excess and enlarged skin envelope
- Thinned stretched skin with possible breakage of elastic fibers resulting in stretch marks
- Decrease in quantity of the glandular tissue
- Decrease in the amount of fat tissue
- Stretched Cooper's shape supporting ligaments
- Flat and empty upper breast

- Loss of the youthful rounded shape

CHANGES WITH WEIGHT

Regardless of your age, you should be at a stable, healthy weight. If you are growing or changing in weight avoid gaining weight dramatically. Many women succumb to hormonal driven binge eating during puberty and pregnancy.

Some turn to eating as a stress and anxiety crutch. This leads to a large amount of weight gain in a short period of time. Avoid sudden hormonal or emotional driven weight gains.

Minimize Dramatic Breast Changes

- Stay hydrated by drinking 6 glasses of water daily.
- Establish a healthy active lifestyle and workout regimen. Exercise regularly, at least thirty minutes every day, for cardiovascular health.
- Practice food awareness: proportion, quality and frequency.
- Maintain strict caloric count to control your intake.
- Take ten minutes before eating and drink a glass of water to fill up your stomach. This also gives you the ten minutes to become aware of the emotional unconscious drive to eat caused by stress and hormones.

Prevent Stretch Marks

When you gain weight rapidly, your skin may not be able to adjust as quickly.

Although many patients seek stretch-mark treatments, the best

treatment is prevention. Most women would find them unattractive for the feel of laxity in the areas that have stretch marks. Some get them during puberty growth spurts and others during weight gain and pregnancy.

Once you have them, the only current available treatment that has been proven to work for early stretch-mark treatment is platelet-rich plasma (PRP) therapy combined with laser and radiofrequency treatments. It has prevented further progression as well as tightened lax areas. If you get stretch marks performing PRP while they are red can help make them reverse to normal without elastic fiber breakage.

AGING CHANGES

As women age, breasts go through involution, because the ovaries produce less estrogen.

This natural decline in estrogen and hormones leads to many changes.

- The breasts lose their firmness and fullness.
- The tissue is softer because the glandular tissue is replaced by fat.
- The skin, ligaments, and tissues become less elastic and weaker.
- The skin thins and loses its water content and tone.
- The breast structures tend to sag because of breakage and damage to elastic and collagen fibers.
- You have an increased risk of developing growths such as: fibroids, cysts, and cancer.

Menopause to Post-Menopause

- Menopause is a slow natural process during which a woman's ovaries cease to work
- Menopause normally occurs between 45- 55 years
- A woman no longer has ovulation or menstruation
- Official menopause is not having a period for 12 consecutive months.
- The risk for breast cancer continues to increase with age.
- Symptoms include: hot flashes, mood changes, fatigue, stress, tiredness, vaginal dryness
- Most women breast size stays the same however 1 out of 5 increase in size as fat tissue replaces glandular milk producing tissue with age.
- Age is the most important risk factor for breast cancer. Approximately 95% are age 40 years or older and half are age 60 and older. Please follow up on getting your mammograms and breast exams.



I hope this book empowers women from all ages- adolescence through post menopause with knowledge and preventative breast health tips. Take care of your breasts and prevent unwanted breast changes such as cancer, sagging, and stretch marks. Maintain your mental and physical health to decrease your breast cancer risk.

Knowing your breast and better caring for them is a great step toward improving your overall health. Arm your self with the most powerful preventative weapons against breast aging and breast cancer to optimize your breast health today.

Be Beautiful and Stay Beautiful!

Thank You,

Dr. Beauty

Dr. Mariam Awada's 15 years of practice as a Board Certified Plastic Surgeon at Michigan Cosmetic Surgery has been focused on cosmetic with a super specialty in breast-enhancement surgery. She is a preeminent plastic surgeon developing new, cutting-edge cosmetic procedures in regenerative medicine. As an educator, she served as a Clinical Instructor of Plastic Surgery training future plastic surgeons cosmetic surgical procedures. Dr. Awada is an active patient advocate leading global and national healthcare

initiatives for patient education and safety. After performing over 30,000 procedures, she has composed this book to educate all women so they are empowered to maintain better breast health.

- Master breast anatomy and manage the changes in your breasts.
- Better understand breast functions and fluctuations with weight, menstruation, pregnancy, and age.
- Adequately fulfill your breast-health duties and responsibilities such as monthly breast self-exams (demonstrated in written and picture step-by-step detail).
- Calculate your risk of getting breast cancer with the provided risk-assessment tool.
- Perform activities, diet adjustments, and other key factors for yourself to prevent getting breast cancer, sagging, stretch marks, etc.
- Be empowered for life with all aspects you should know to have healthy, perky breasts.