

What to Expect From a Screening Mammogram

Dulcy Wolverton, MD, addresses common questions about this breast cancer screening tool. Plus: 6 tips to help you prepare for a mammogram.

November 22, 2022 By University of Colorado Cancer Center and Rachel Sauer

Mammograms are a vital tool for [breast cancer](#) screening. They can detect tumors even before a woman experiences signs or symptoms of cancer, and are sensitive enough to register changes to breast tissue as small as a grain of sand.

A significant body of research has shown that having regular mammograms can lower a woman's risk of dying from breast cancer.

However, for many women, scheduling that first mammogram can feel a bit intimidating. Will it hurt? How long will it take? What if the images show something concerning in her breasts?

"Until a woman has her first mammogram, she may have a lot of questions or even feel some trepidation, which is completely understandable," says [University of Colorado Cancer Center](#) member [Dulcy Wolverton, MD](#), an associate professor of [radiology](#) in the [CU School of Medicine](#). "Our goal is to make sure women have all the information they need and that the process is as comfortable as possible."

Wolverton recently addressed some of the most common questions women have about screening mammograms, particularly before their first one.

What exactly is a mammogram?

A mammogram is an x-ray scan that takes pictures of the inside of the breast. It's important to emphasize the difference between screening mammograms and diagnostic mammograms. Screening mammograms are intended to find unsuspected breast cancers in women with no symptoms of breast disease. On the other hand, diagnostic mammograms are indicated when irregularities in the breast or armpit have been detected on physical exam or on screening mammograms. Diagnostic ultrasound may then be added as part of the evaluation.

Who should get a mammogram?

We advise women who are at lower risk for breast cancer to begin getting annual screening mammograms at age 40. By low risk factors we mean you don't have a strong family history of breast cancer in a first-degree relative, specifically your mother or sister, and you don't have any known breast cancer genes yourself or in a first-degree relative.

If you do have a family history of breast cancer in your mother or other relatives, especially if they were diagnosed before age 50, then we do recommend earlier screening. For example, if they were diagnosed at 45, then we generally recommend getting screened 10 years earlier, at age 35.

For women who have known breast cancer genes, we generally recommend adding breast MRI examinations beginning at age 25 and beginning screening mammography at age 30. It's a balance, because with younger women, whose breast tissue potentially is still developing, you don't want to expose their breasts to x-rays too much or too early. This is why it's really important to communicate with your physician and discuss your options. If you have a strong family history of breast cancer, they may recommend genetic counseling and possibly testing.

There's some conflicting information about when a woman should get her first screening mammogram and how often she should get them; how can she know which recommendations to follow?

Again, this is why it's so important to communicate with your physician about breast screening. The recommendation to begin getting annual screening mammograms at age 40 comes from the Society of Breast Imaging and aligns with what is recommended by the American College of Radiology, the American College of Obstetricians and Gynecologists, the American Society of Breast Surgeons, and the National Comprehensive Cancer Network. These are the guidelines we follow at the CU Cancer Center.

What are the steps for getting a mammogram?

In most cases, you'll call an imaging center or mobile mammography clinic to schedule an appointment. You may also schedule online using the My Health Connection app if you are a UHealth patient. It is important to indicate whether you are having any new breast problems such as feeling a lump, noticing nipple discharge happening by itself, or skin changes like dimpling. If you have any concerns, you may need to be scheduled for a diagnostic mammogram rather than a screening mammogram. It's really important you mention any issues before the day of your mammogram, because if you show up and tell your technologist, "I'm worried about this," then they'll be obliged to cancel your screening, even though you're already there, and reschedule you for a diagnostic mammogram so that the concern can be specifically investigated.

Screening mammograms are intended for women with no issues relating to their breasts. They are read by a radiologist at a later time. With a diagnostic mammogram, we'll start with the routine mammograms of your breasts, but a radiologist will further tailor the examination to you during your appointment, including adding an ultrasound if needed. The extra imaging helps us to

determine whether the concern is a benign process such as a cyst, or if there is an abnormality that might need a biopsy.

For your first screening mammogram, you'll check in and probably be asked to fill out a questionnaire detailing your medical information, family history, previous breast surgeries, anything that might affect what the mammogram is going to look like. We ask that you don't wear deodorant before your mammogram, and that you come to your appointment well-hydrated and having eaten. Wear comfortable clothing, ideally with a removable top. If you are premenopausal and having regular cycles, it also helps to schedule your mammogram for when your breasts will be the least tender, usually in the week after your period ends.

After you're taken to the mammography room, you'll be asked to take off everything from the waist up, including jewelry that might interfere with the mammogram, and you'll be given a gown to wear.

For routine screening, we take two mammograms of each breast - one's a side view that goes underneath the armpit and allows us to see lymph nodes and some of the breast tissue that goes up into the armpit area. The other view is more straight up and down, which allows us to see the breast tissues from a different direction so that we can localize potential abnormalities.

The technologist will place your breast onto the detector platform, and there will be a certain amount of positioning so we can get the best picture. With each view there will be firm compression of the breast for several seconds during the x-ray exposure, which may feel uncomfortable but should not be painful. Because the breasts are on top of the chest wall, it may be a little more difficult to breathe for the amount of time that your breast is in compression.

The technologist will ask you to briefly stop breathing when the x-ray exposure starts, during which you'll hear some beeping sounds. At the end of the exposure, the compression paddle will release. If you are feeling pain during compression, let the technologist know so that she can try to make you more comfortable. Also, feel free to take some Tylenol or ibuprofen before your mammogram.

It usually takes about 15 minutes for the screening mammograms to be done, and possibly closer to 30 minutes if you are having a diagnostic mammogram. Add another 30 minutes if ultrasound is needed.

What happens after the screening mammogram is complete?

After the technologist has made sure we have two good images of each breast, a radiologist will review the images and send your physician a report, which will also appear in your electronic medical record. You will receive a letter that will tell you either that the exam is normal, or that something was seen that needs further evaluation. Especially if you are having your baseline mammogram, please don't be alarmed if we ask you to return to the breast imaging center.

Sometimes there can be normal dense breast tissues that we can't see through well enough on

the regular screening mammograms. In that case, we may need some additional views and possibly ultrasound to make sure there is nothing hiding in that dense tissue. If there are irregular findings, we don't want you to worry and immediately think cancer. Most of the things we see on mammograms are completely benign, but we may not know for sure until the further evaluation is completed.

6 Tips to Help You Prepare for a Mammogram

1. You can take over-the-counter pain medication before a mammogram.
2. You should not wear deodorant the day of your appointment.
3. Know the difference between a diagnostic mammogram and screening mammogram to be sure you schedule the right one.
4. Be well hydrated and eat before your appointment.
5. Wear comfortable clothing, ideally with a removable top.
6. Try to schedule a mammogram during the week after your period ends, when your breasts are less tender.

[This article](#) was originally published October 28, 2022, by the University of Colorado Cancer Center. It is republished with permission.

© 2026 Smart + Strong All Rights Reserved.

<http://beta.docker.tusaludmag.com/article/expect-breast-cancer-screening-mammogram>