Breast duct excision

Information and advice for patients

Breast Unit

What is a breast duct excision?

Your surgeon has recommended an operation to find out the cause of your nipple discharge. The operation, called a breast duct excision, involves removing the end of all the milk ducts (total duct excision) or less commonly removing a single milk duct (microdochectomy).

The tissue that is removed during the operation is examined under a microscope in the laboratory.

The operation is usually performed with a general anaesthetic (where you are asleep) and lasts about 20-30 minutes. Most patients can go home the same day as the procedure.

What are the benefits of breast duct excision?

The benefit of a breast duct excision is that the tissue removed can be examined to find out what is causing your nipple discharge. In the majority of cases the cause is non-cancerous and is due to widening of the milk ducts (duct ectasia) which can occur with age, or a wart-like growth in the milk duct (intraduct papilloma). In around 14 in 100 cases, early cancer cells may be found. In this situation, it is likely further treatment would be recommended.

Occasionally this operation may be recommended if you have had recurrent abscesses in the breast to reduce the risk of further infections.

What are the risks of breast duct excision?

- **Bleeding** – There is a small risk of bleeding during or after the operation that is significant enough to need treatment. In our experience this occurs in less than 5 in 100 women.
- **Infection** – There is a risk of developing an infection after the operation. This occurs in less than 5 in 100 women, but occurs in 30 out of 100 women who have had several breast duct infections before.
- **Pain** – You will experience some pain from the wound for a few days after the operation. It is unusual to get persistent pain after this operation.
- **Breastfeeding** – If all of the milk ducts are removed you will not be able to breastfeed from that breast in the future.
- **Loss of nipple sensation** – In our experience 20 in 100 women lose some sensation around their nipple after this operation and the nipple may not go erect (hard).
- **Nipple skin changes** – The skin of your nipple may die following this operation. This occurs in 1 in 100 women.

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Are there any alternatives to breast duct excision?

There are no alternatives to breast duct excision that will allow the tissue to be examined to find out what is causing your nipple discharge.

What are the risks of not having the operation?

If you choose not to have the operation your consultant may not be able to find the cause of your nipple discharge and advise appropriate treatment. Please discuss this with your doctor if you have any concerns.

Preparing for the operation

Before your operation you will be asked to attend a pre-operative assessment clinic where you will have some tests to check that you are well enough for the operation e.g. blood pressure check, blood test, MRSA swab test and a tracing of the electrical activity of your heart (ECG). You will also be given advice about taking your medication on the day of your operation.

You will be sent a letter telling you where to go to on the day of your operation and when to stop eating and drinking.

On the day of your operation

You will be admitted to hospital on the day of your surgery and will have the opportunity to speak to both the surgeon and the anaesthetist before the procedure. You will be asked to sign a consent form to say that you understand what your operation involves and the risks and benefits of the procedure.

During the operation

- A nurse or porter will take you to the anaesthetic room where you will be put to sleep.
- A cut (incision) will be made around the edge of your areola (the darker area around the nipple).
- The duct or ducts are then removed and sent away to be examined under the microscope.
- The wound will be stitched up using dissolvable stitches and a waterproof dressing will be put over it.

After the operation

When the operation is over, you will be transferred to the recovery area where you will be monitored for a period of time before returning to the ward. You may have an oxygen mask on your face and a small plastic tube in your vein (drip) to give you some fluid.

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Immediately after the operation you may feel drowsy and sick. Please tell the nurse looking after you if you feel sick and they will be able to give you some medicine for this.

Going home

Once you are fully recovered from the anaesthetic, eating, drinking and you are up and about, you can go home. A responsible adult will need to collect you from the hospital and stay with you overnight.

Your wound may ache for a while after the operation and you will be given some painkillers to help relieve this when you are discharged from the hospital.

You will be given written instructions by the nursing staff regarding your wound care and how to contact a member of the team if you have any concerns. You will need to make an appointment to see your GP or practice nurse for 7-10 days after the operation to have your wound checked.

Returning to your normal activities

- Try and wear a bra as normal after the operation as this provides support and many women find this more comfortable.
- You can have a bath or shower as normal when you go home as you will have a waterproof dressing on the wound.
- You must not drive for the first 24 hours after your operation.
- You may need to take 2 – 5 days off work.
- You should be able to gradually get back to normal activities when you feel well enough, but avoid heavy lifting and stretching at first.

Follow-up

You will be given an appointment to see your surgeon at the Breast Unit to discuss the results of the tissue removed during the operation. If you have not received an appointment 10 days after the operation, please contact the breast care nurses or secretaries.

Symptoms to report

If you experience any of the following symptoms after your operation please contact your GP or the breast care nurses as you may have an infection:

- Any swelling, redness or discharge from the wound
- A temperature of 38°C or above

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- Feeling unwell
- A temperature of 38°C or above

Contact details

If you have any questions or concerns, or need support please contact the breast care nurses or your consultant.

Breast Care Nurses
0121 507 4976
Monday – Friday, 9am – 4pm

Consultants' Secretaries
0121 507 4338 or 0121 507 4593 or 0121 507 5990
Monday – Friday, 9am – 5pm

If you have any comments or concerns about the service you have received please contact:

Patient Advice and Liaison Service (PALS)
Tel: 0121 507 5836
E-mail: swb-tr.pals@nhs.net

Further information

For more information about our hospitals and services please see our website *www.swbh.nhs.uk* or follow us on Twitter *@SWBHnhs*.

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Sources used for the information in this leaflet

- Journal of Breast Cancer, 'Duct excision is still necessary to rule out breast cancer in patients presenting with spontaneous bloodstained nipple discharge', 2011
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- Breast Cancer Research and Treatment, ' Bloody nipple discharge is a predictor of breast cancer risk: a meta-analysis', February 2012
- National Institute for Health and Clinical Excellence, CG74 'Surgical site infection: Prevention and treatment of surgical site infection', October 2008

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5420 or email: **swb-tr.swbh-gm-patient-information@nhs.net**

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