

Nipple Discharge & Surgery

What causes nipple discharge?

Discharge from the nipple is a common complaint; it is rarely a sign of any serious disease. It tends to occur in women between the ages of 40 – 50, as the ducts become wider, particularly if you smoke.

There are numerous causes of nipple discharge – most of which are quite innocent. Nipple discharge is caused by swelling of the milk ducts and is called Duct Ectasia.

The fluid discharge may come from several ducts in one or both breasts. There are about 14 tiny milk duct openings on each nipple. The fluid discharged may appear to look like breast milk, but it is not actually milk secretion or it may look creamy, green, yellow/brown, black or a combination of colours.

If the discharge is from a single duct and is blood stained, it may be far more significant. A cause of this may be a small benign growth (not cancer) this is called a Duct Papilloma. Your GP will refer you to see a Consultant Breast Surgeon, to have a further examination, assessment and investigation.

The Consultant Breast Surgeon will arrange for you to have screening procedures i.e. mammogram, ultrasound etc if indicated to exclude breast cancer.

What does treatment/management involve?

If you have Duct Ectasia (a benign condition) you will have all the ducts removed this is known as a sub-areolar duct excision. However, for a single duct discharge, which may be due to a Papilloma (a benign growth) you may have a single duct excision (microdochectomy), or a sub-areolar duct excision.

Before the operation

The operation is usually performed under General Anaesthetic. In most cases this can be carried out in the **Day Procedure Unit**. However, if there are any medical or technical reasons it may be necessary for you to be admitted as an inpatient requiring 1 or 2 nights stay.

You will be invited to attend the pre-operative assessment clinic 1-6 weeks prior to admission to ensure you are fit for surgery, allowing time for the necessary pre-op tests, which may include, blood tests, cardiogram (ECG) and chest x-ray.

The surgeon who will be performing your operation will see you and you will also see the anaesthetist. If you have any questions regarding your operation please ask the doctors.

The operation

The surgeon will make an incision around the edge of the areola (the pigmented skin surrounding the nipple) and will involve cutting one, several, or all the milk ducts from beneath the nipple. Any tissue removed at the time of surgery will be sent for tissue analysis. The results will be discussed with you at your post-operative clinic appointment.

The wound will be closed using a dissolvable suture, covered with a waterproof dressing and a larger dressing may be in place over this to compress this area of the breast and reduce swelling.

What are the risks/complications of surgery?

- Wound infection – you will be given appropriate antibiotics if indicated.
- Wound haematoma – rarely bleeding under the skin may occur which produces a firm collection of blood (haematoma) this will normally dissipate gradually or leak out through the wound.
- Altered or loss of nipple sensation.
- Unable to breast feed.
- Loss of erectile function of the nipple.
- In rare cases nipple loss.

These risks/complications will be explained and discussed with you when the surgeon asks you to sign the consent form for your operation.

What should I expect after the operation?

When you are awake you will be able to eat and drink as you wish, and to get up as soon as you feel able. It is advisable to stay on the ward until after the effects of the anesthetic have worn off.

The waterproof dressing will cover the wound allowing you to shower. You may have a bath but do not submerge and have a long soak for at least a week.

Some swelling or bruising around the wound site is not unusual and there will be some discomfort and tenderness where the incision has been made.

In the period following your operation you should seek medical advice if you notice any of the following problems:

- Increased pain, redness, swelling or discharge from the wound
- Persistent bleeding
- High temperature

Simple pain killing tablets will help relieve most discomfort.

You may find that wearing a supportive, well-fitting bra after surgery will help to provide additional support and comfort to your wound area.

It is wise not to drive for a couple of days; some people feel they need a little longer. However, please check with your Insurance Company, as policies vary with individual companies.

It would be advisable to take at least 3-5 days off work. If you require a certificate, please ask a member of staff before discharge.

You may resume sexual relations as soon as you feel comfortable.

Please retain this information leaflet throughout your admission, making notes of specific questions you may wish to ask the Doctor and/or Nurse before discharge.

Points of contact:

If you have any queries prior to the procedure outlined and the implications for your relatives/carers, please contact the Surgical Pre-Admission Assessment Clinic on 01603 287819 or the Breast Care Nurses 01603 286732.

If you have any queries following the surgery please contact the ward from which you were discharged via the main hospital switchboard on 01603 286286.

Further information and support:

NHS DIRECT

Tel: 08454647

Web address: www.nhsdirect.nhs.uk

Breast Cancer Care

Tel: 020 7384 2984

Web address: www.breastcancercare.org.uk

For Help Giving Up Smoking: NHS Smoking Help-line 08001690169 or contact 'CIGNIFICANT' run by Norfolk Health Authority NHS 0800 0854113

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This sheet describes a medical condition or surgical procedure. It has been given to you because it relates to your condition; it may help you understand it better. It does not necessarily describe your problem exactly. If you have any questions please ask your doctor.
