

Procedure  
Information  
Guide

## Excision of a nipple duct for investigation (microdochetomy)

---

Discovery has made every effort to ensure that the information reflected in this brochure is obtained from a reputable source. We have adapted the content for the South African market or healthcare environment. The content is subject to change as we regularly review and update where necessary. You should not place any reliance on the information we have provided in making any decisions about your treatment. The information is meant to act only as a guide to the treatment you are considering having. Please discuss any questions you may have about your treatment with your treating healthcare professional.

Brought to you in association with EIDO

**EIDO**<sup>®</sup> Healthcare

and endorsed by the The Royal College of Surgeons of England



**RCS**  
ADVANCING SURGICAL STANDARDS

You are reading this document because your doctor has told you that you need to have an operation. We understand this can be a stressful time as you deal with different emotions. Sometimes you may have questions after seeing your doctor. This document will give you a basic understanding about your operation, your recovery afterwards and what to expect in the long term. It describes the things you can do to help make the operation a success. It is also important to remember to tell your doctor about any medicine you are on.

Your doctor is the best person to speak to about any questions or concerns you may have.

### **What is a microdochectomy?**

A microdochectomy is a procedure to remove one of the milk ducts from your breast (see figure 1). It is usually carried out to treat a problem that causes a continued leak of fluid from a nipple (nipple discharge).

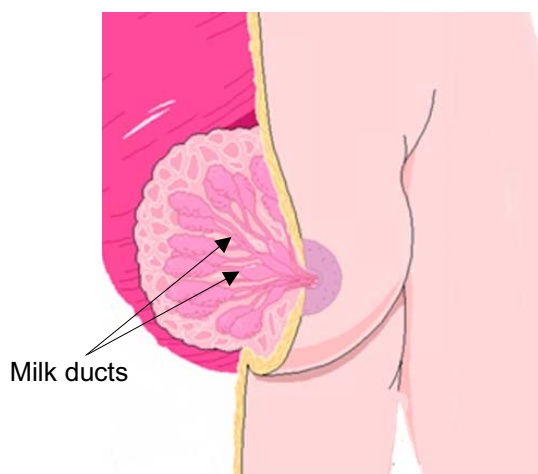


Figure 1

A cross-section of a left breast showing the milk ducts meeting at the nipple

Your surgeon has recommended a microdochectomy.

### **What causes a nipple discharge?**

A nipple discharge may be normal or abnormal. An abnormal discharge is more likely if the leak is only from one nipple and happens without any squeezing or stimulation.

About 1 in 10 abnormal discharges are caused by cancer. Removing the duct and examining the tissue under a microscope will confirm if you have cancer. It is important to find out how serious the problem is and decide on any further treatment you need.

Most abnormal nipple discharges are caused by the following benign conditions (not cancer).

- Widening of the milk duct with age (duct ectasia).
- A wart-like growth in the milk duct (papilloma).

Removing the duct and any growth will stop the discharge.

### **What are the benefits of surgery?**

Your nipple should not leak any more.

If you do have cancer, your doctor will be able to recommend the best treatment for you as soon as possible. If there is no evidence of cancer, a member of the healthcare team will reassure you.

### **Are there any alternatives to surgery?**

Your surgeon can examine the duct using a special camera (fibre-optic ductoscopy). This can help your surgeon find out what is causing the problem. However, a fibre-optic ductoscopy is only available in a few centres.

### **What will happen if I decide not to have the operation?**

Your surgeon may not be able to confirm what is causing the nipple discharge or decide the best treatment for you. If the leak is caused by cancer, early diagnosis and treatment will increase the chances of you being free of cancer.

Your nipple may continue to leak. If the leak is caused by a benign growth, the growth may get bigger and become noticeable in the future.

The only way of being certain if the leak is caused by a serious problem, and to decide on the best treatment for you, is to remove the tissue and examine it under a microscope. If you decide not to have a microdochectomy, you should discuss this carefully with your doctor.

## What does the operation involve?

A microdochoectomy is usually performed under a general anaesthetic. Sometimes it may be possible to use a local anaesthetic that numbs your breast. Your anaesthetist or surgeon will discuss the options with you and recommend the best form of anaesthesia for you. You may also have injections of local anaesthetic to help with the pain after surgery. You may be given antibiotics during the operation to reduce the risk of infection.

Your surgeon will make a small cut on the line of the areola (the dark area around the nipple). They will then remove the duct and any growth from underneath the nipple.

At the end of the operation, your surgeon will close the wound under the skin with dissolvable stitches and cover the wound with a dressing.

## What should I do about my medicine?

It is important to tell your surgeon about the medicine you are on and to follow their advice about taking your medicine before and after your operation. In some instances you may need to stop some medicine while you may need to change the way you are taking other medicine.

If you have diabetes, it is very important that your condition is controlled around the time of your operation. Follow your surgeon's advice about when to take your medicine before your operation.

## What can I do to help make the operation a success?

If you smoke, stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher chance of developing complications if you are overweight.

Regular exercise should help prepare you for the operation, help with your recovery and improve your long-term health. Before you start exercising, ask a member of the healthcare team or your GP for advice.

## What complications can happen?

The healthcare team will make your operation as safe as possible. However, complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

### 1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

### 2 General complications of any operation

- **Pain**, which happens with every operation. The healthcare team will try to reduce your pain. They will give you medicine to keep you comfortable.
- **Bleeding** during or after surgery. It is common to get bruising of the breast and for some blood to leak from the nipple during the first few days after surgery.
- **Infection of the surgical site** (wound). To reduce the risk of infection it is important to keep warm around the time of your operation. Let a member of the healthcare team know if you feel cold. In the week before your operation, you should not shave the area where a cut is likely to be made. Try to have a bath or shower either the day before or on the day of your operation. After your operation, you should let your surgeon know if you get a temperature, notice pus in your wound, or if your wound becomes red, sore or painful.
- **Unsightly scarring** of the skin, particularly if the wound gets infected.
- **Blood clots** in the legs (deep-vein thrombosis), which can occasionally move through the bloodstream to the lungs (pulmonary embolus), making it difficult for you to breathe. The healthcare team will assess your risk. You will be encouraged to get out of bed soon after surgery and may be given injections, medicine or special stockings to wear.

### 3 Specific complications of this operation

- **Continued lumpiness under the wound.** It is normal for the wound to feel lumpy but it usually settles within four to six weeks.
- **Continued pain under the scar.** This is rare.
- **Continued leak of clear or bloody fluid from the nipple.** This is normal for the first one to two weeks. However, if it continues let your doctor know.
- **Loss or change of nipple sensation.** This will usually get better on its own. However, the change may be permanent.

#### How soon will I recover?

##### • In hospital

After the operation you will be transferred to the recovery area and then to the ward. When your doctor is happy for you to go home you should go home with a responsible adult and be near a telephone for the first 24 hours in case of an emergency..

Wearing a soft bra that fits comfortably will help to support your breast and reduce any pain.

If you are worried about anything, in hospital or at home, contact a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

##### • Returning to normal activities

You should not drive, operate machinery (this includes cooking) or do any potentially dangerous activities for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

You can have a bath or shower about 24 hours after the operation. However, you should avoid soaking the wound too much for the first five days.

You should be able to return to work after three to seven days.

Most women return to normal activities within about five to ten days. After two weeks you should also be able to do the sports activities you did before the operation.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and comfortable wearing a seat belt. Always check with your doctor first.

##### • The future

A member of the healthcare team will ask you to go to a follow-up clinic within three weeks of your operation. The breast tissue, and any lump that your surgeon removed, will have been examined under a microscope. At the clinic, your surgeon will discuss the results with you, check your wound, and plan any treatment or follow-up you need.

#### Summary

A microdochectomy involves removing a milk duct from your breast. It will stop a continued nipple discharge and help find out what is causing the discharge.

Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

#### Acknowledgements

Author: Miss Kalliope Valassiadou MD, Consultant Breast and General Surgeon

Illustrations: LifeART image copyright 2011 Lippincott Williams & Wilkins. All rights reserved

**This document is intended for information purposes only and should not replace advice that your relevant health professional would give you.**

**You can access references online at [www.aboutmyhealth.org](http://www.aboutmyhealth.org). Use reference B05.**