INFORMATION FOR PATIENTS

Microdochectomy

Approximately 12 – 15 breast ducts open onto the surface of the nipple. You have a discharge from one of the ducts underneath the nipple and the aim of the operation is to remove the discharging duct first to stop the discharge and second to have the abnormal duct examined to find out the cause of the discharge. The operation is performed through a small cut (incision) either placed along the line between the brown area around your nipple (the areola) and the remaining skin of the breast or an incision is made across the areola up to the edge of the nipple.

Sometimes the disease or problem that causes the nipple discharge can affect more than one duct. If all the ducts are found to be affected by disease at operation then the surgeon may decide to remove all the ducts. This causes no additional long term problems for those women who have had all their children.

Problems that can occur after Microdochectomy

• Loss of nipple sensation – the nipple feeling numb. Any operation around the nipple will cause some damage to the nerves which supply the nipple but as the nipple has a plentiful supply of nerves, damage to one nerve rarely causes problems.

• Even though all bleeding that is visible is stopped at operation, bleeding from the cut edges of the breast tissue can occasionally start after operation and cause blood to collect in the wound. This is uncommon and happens in about 1 in every 100 patients. The normal time for this to develop is within the first 12 hours after operation. This is the reason why your wound is checked following surgery. If a large amount of blood collects this needs draining by a second operation.

• Infection. Any operation site can become infected. It is uncommon to get infection in breast wounds but approximately 2 in every 100 women after Microdochectomy do get infection. If infection is going to
develop it is usually evident about a week after surgery. The wound becomes red, swollen and very tender and there can be a discharge through the wound.

• The body produces its own natural healing fluid. Sometimes it can produce a little too much fluid and this causes a swelling at the site where the lump was removed. This is known as a seroma and this fluid may require removal with a needle and syringe when you come back to the clinic. This is usually a painless procedure.

• Recurrence of symptoms. If the cause of the nipple discharge affects more than one duct, and only one or a few ducts are removed at the operation, it is possible to have further episodes of nipple discharge in the future. If this happens, you should contact your G.P.

• Breast feeding. You will probably be able to breastfeed after this operation, although some areas of the breast may become engorged.

• The procedure is usually performed as a day case.

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