INFORMATION FOR PATIENTS

Total Duct Excision

There are about 12–15 ducts in the breast which open on to the surface of the nipple. Some diseases of the ducts affect all the breast ducts. Total duct excision is performed in patients who have discharge from more than one duct, in patients whose nipples are pulled in or inverted, and in patients who have had episodes of previous infection affecting the ducts underneath the nipple. 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 through an incision across the areola up to the edge of the nipple. At the end of the operation the wound is closed, usually with an invisible dissolving stitch which does not need to be removed.

Problems which can happen after total duct excision

• Loss of nipple sensation— the nipple feeling numb. This affects about 1 in 3 patients after removal of all ducts underneath the nipple. It is much more common in women who have the operation for infection in and around the nipple. In these women, over half will find that their nipple is less sensitive or completely numb.

• Recurrence of symptoms. Patients who have the operation for nipple discharge rarely get recurrence of their symptoms. About 10% of patients who have the operation to evert—pull out the nipple will find that with time the nipple pulls in again. Recurrence of symptoms is most common in patients who have the ducts removed for infection in and around the nipple. As many as a quarter of patients get further problems. This is because the major cause of infection in and around the nipple is smoking. Smoking damages the ducts underneath the nipple and the majority of women who get infection have smoked for many years. The damage is therefore widespread and what the surgery does is remove the most damaged areas of the ducts. It is very important that you try and stop smoking. Obviously you will be disappointed if the infection recurs. While the surgeon will do all he can to remove the diseased ducts, you need to help him/her by stopping smoking so you do not do any more damage to the remaining ducts.
• Breast feeding: you cannot breast feed after a total duct excision. However if you become pregnant there will not be a problem. You might find your breast becomes a little engorged but this will settle after delivery of the baby. For the majority of women who do not get pregnant, there are no long term problems with removing a portion of the ducts underneath the nipple.

• Even though all visible bleeding is stopped during the operation, bleeding from the cut edges of the breast tissue can occasionally start after the 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 the wound is checked following surgery. If a large amount of blood collects this needs draining by a second operation.

• Infection: you will be given antibiotics during and sometimes after the operation to reduce the chances of infection. Only 2 to 3 out of every 100 women who have an operation for nipple discharge or undergo an operation to evert the nipple will get infection. If your operation is being performed because of infection, or you have had previous episodes of infection in and around the nipple, then the chance of getting further infective problems are high and up to 1 in 10 women develop an infection within the first 10 days after operation. Some of these will settle once the infection is drained and antibiotics given. 1 in 4 women who have operations for infection will develop further episodes of infection or inflammation during the first two years following surgery.

• 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.

• Loss of nipple skin. A frequent occurrence after nipple surgery is that a scab develops on the surface of the nipple which slowly separates and new nipple skin grows under this. The nipple looks normal once the new skin has grown. Very rarely the blood supply to the skin of the nipple can be affected by operation and this can lead to loss of the nipple.

• The operation is usually performed as a day case.