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Patient information

Operation To Remove One Milk Duct (Microdochectomy) Or More Than One Milk Duct (Hadfields Procedure)

Breast Services Directorate

Royal Liverpool Hospital and Broadgreen Hospital

PIF 1236 V4

What is the operation to remove one or more milk ducts?

This operation removes part of the milk duct or ducts just behind the nipple that are causing your breast problems.

Why do I need this operation?

Your doctor may have asked you to have an operation to remove one milk duct.

If you have had:

- A bloodstained or clear nipple discharge, from one duct.
- Persistent or troublesome discharge, from one duct.
- Any abnormal cells have been seen in the nipple discharge.

Or you may need several milk ducts removing if you have had:

- A blood stained nipple discharge from more than one duct, or if the single duct leaking blood stained discharge has not been seen on the day of your operation.
- Persistent and troublesome galactorroea (milky nipple discharge).
- Nipple inversion (nipple goes in and will not come out easily).
- Periductal mastitis (you have had an infection several times involving some milk ducts).
- A mammary duct fistula (ulcer near the nipple) needs to be removed.

Are there any risks with the operation?

Some complications are possible:

- Necrosis of the nipple (part or all of the nipple dies because of a poor blood supply after the operation). This is a rare complication. Patients most at risk of this are those who have had several “nipple” operations. If this happens, the nipple will heal over with new skin in time. It may take several weeks or months to fully heal.
- Swelling, bruising and haematoma (a collection of blood at the site of the operation) may occur near the nipple. This will usually settle in a few days.
- Women who have had pain before the operation due to periductal mastitis and those who smoke are more at risk of this.
- Loss of nipple sensation may happen because the surgeon is operating near to the nipple, so nerves may become damaged by the operation. This is a slightly more common complication up to one in three women are affected by this.
- Infection may happen after this operation. Women who are having the operation because of periductal mastitis may have further infection because some of the affected milk ducts may still be attached to the underneath of the nipple. If several infections occur, the problem of a mammary duct fistula may develop.
- For women having the operation for nipple discharge, this may return if not all of the affected duct or ducts have been removed. Sometimes fluid may fill the small space behind the nipple and this may leak out through the nipple.

Are there any alternative treatments available?

There are no alternative treatments

What will happen if I don't have any treatment?

Your condition may become worse or your diagnosis may not be known for certain.

Getting ready for your operation

You will be seen in the pre-operative clinic one to two weeks before your operation. You may need to have blood tests or a chest X-ray or sometimes a heart trace (ECG). You will be screened for MRSA.

The Clinic Sister will ask you some routine questions about your health; the medicines you take and if you have any allergies.

You will receive a letter to tell you about coming in for your operation. This letter will also let you know if you need to stop eating or drinking before you come into hospital for your operation.

Usually patients come into hospital on the morning of the day of the operation. Your admission letter will tell you this.

What sort of anaesthetic will I have?

For this operation you will need to have a general anaesthetic (will go to sleep for the operation). General anaesthesia is a drug-induced unconsciousness. It is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately general anaesthesia can cause side effects and complications.

Side effects are common, but are usually short-lived: they include nausea, confusion and pain.

Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

You will be given an opportunity to discuss anaesthetic options and risks with an anaesthetist before surgery.

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

The day of your operation

- Usually you will come into hospital on the day of your operation. You will be asked to sign the consent form (Part B) for the surgery. You will be asked to say you understand the operation and what it involves. You will be able to ask your surgeon any questions before signing the form.
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- Please bring any medication you take into hospital with you.

- Please bring in toiletries, nightwear and towels.
- You will be asked to remove jewellery - plain band rings can be worn but they will be taped.
- Please leave body piercings at home. False nails and nail polish will also need to be removed if worn.
- If you are on regular medication, you will be told to take this if necessary.
- You will be asked to put on a gown and disposable underwear.
- A bracelet with your personal details will be attached to your wrist.
- You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you.
- A nurse and porters will take you to the operating theatre.
- Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre.
- When you arrive in the theatre area, the ward nurse will leave you, and you will be asked to put on a disposable hat. You will then be taken to the anaesthetic room and a member of theatre staff will check your details with you and you will be given your general anaesthetic.
- The surgeon will cut the skin on the breast often, but not always, around the edge of the coloured part surrounding the nipple (areola) so that the duct (or ducts) can be removed. A dissolving stitch will close the wound.

What should I expect after my operation?

- You will be in theatre for about 30 to 40 minutes.
- A light dressing will cover the nipple area to keep it clean while it heals.
- After your operation you will be kept in the theatre recovery room before being transferred to the ward.
- A nurse will check your pulse, blood pressure, and breathing rate regularly.

It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.

- The ward staff will let you eat and drink when you are ready. Some people feel sick after an operation. If you feel sick it may be better to wait until the feeling passes before taking sips of water. Your nurse can give you anti-sickness medication if needed.

The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy.

Going home

You will probably be able to go home in the evening after your operation; if not, you may go the next day.

If so and you have had a general anaesthetic and/or sedation, **you must have a friend or relative to take you home and have a responsible adult to stay with you for 24 hours.**

For next 24 hours you must not

- Travel alone.
- Drive a car or ride a bicycle.
- Operate machinery (including domestic appliances such as a kettle).
- Climb ladders.
- Make important decisions, sign any business or legal documents.
- Drink alcohol.
- Return to work within 12 hours of treatment. Your general health and any medicines you are taking may increase the time you need off work.

You should

- Take it easy for the rest of the day, avoid strenuous activity.
- Take your medications as usual.
- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives.

Discharge Information

Pain relief and medication

The ward nurse will advise you about painkillers before you leave the ward. Please tell the nurse which painkillers you have at home.

Also, your doctor may want you to have some antibiotics while you are in hospital. You will need to complete the course at home. You may be asked to take Augmentin (or erythromycin and metronidazole if you are allergic to penicillin).

Your wound

The ward nurse will tell you about how to have your wound dressings checked when you go home.

You may be asked to go to your local dressings clinic.

Further appointment

Before leaving the hospital you will be given an appointment for about two weeks later to come back to clinic for a check up. The doctor will check how well your wound is healing, and may be able to tell you what has been removed at the operation. If these results are not available, you may be asked to come back to clinic to discuss this.

This is important because the doctor can confirm the cause of your breast symptoms. He or she will be able to tell you if any other breast problems have been found, and if you need any other treatments or tests.

Sometimes (but rarely), a blood stained nipple discharge may be due to early pre cancer change in the milk duct, or an early breast cancer.

If you have any worries about this, please talk to your doctor.

Further information

Breast Care Nurses

Tel: 0151 706 2927

Text phone number: 18001 0151 706 2927

Breast Nurse Practitioners

Tel: 0151 706 2931

Text phone number: 18001 0151 706 2931

Your family doctor (GP) or Practice Nurse

Breast Cancer Care

Tel: 0808 800 6000

www.breastcancercare.org.uk

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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