

General statements made in this leaflet do not apply in every case, as each patient is an individual. Your doctor will advise you of any specific aftercare.

We will do our best to take reasonable care of your property; there are facilities on site for holding valuables. However, we encourage patients to consider what they need during their stay and to avoid bringing valuables into hospital.

Useful Phone Numbers

Lincoln Breast Unit: 01522 537662

Boston Breast Unit: 01205 445998

Grantham Breast Unit: 01476 593945

Email: breastteam.grantham@ulh.nhs.uk

References

If you require a full list of references for this leaflet please email patient.information@ulh.nhs.uk

The Trust endeavours to ensure that the information given here is accurate and impartial.



If you require this information in another language, large print, audio (CD or tape) or braille please email the Patient Information team at patient.information@ulh.nhs.uk

Discharge Advice following Surgical Removal of Breast Ducts

Breast Care Services

www.ulh.nhs.uk

This leaflet aims to provide you with aftercare advice following the surgical removal of breast ducts.

Duct excision is a common operation for abnormal nipple discharge.

The site of the scar is usually at the edge of the areolar (the darker ring of tissue around the nipple). The tissue which has been removed is sent to the pathology department for analysis.

You will be seen in the breast unit 10 to 14 days after your operation. This information will form the basis of any decision to offer you further treatment which may be necessary. Your consultant will be able to discuss with you/your partner or friend the post operative results and answer any questions you may have.

The breast is likely to be bruised and tender following surgery. You may find wearing a sports or other supportive bra will reduce the discomfort.

You should be able to carry on fairly normally when discharged home. However, you need to avoid any knocks or trauma to your breast.

The most suitable dressing, for your individual circumstances, will be used. Please check with nursing staff, prior to discharge, if the dressing is splashproof. If it is a splashproof dressing you can have a bath or shower in the normal way, however, avoid long soaks in the bath. The dressing may have a central hole cut in it to allow protrusion of the nipple. This allows the nipple to be observed without removing the dressing. We recommend the dressing stays on until you return to clinic.

The nipple can be the most sensitive part of the breast. You may find that after surgery the sensitivity is reduced as removal of the ducts may cause nerve damage and loss of sensation. It is important to daily observe your wound for:

- Any change in the colour of the nipple, as the blood supply to the nipple may be damaged and this can delay healing and very occasionally lead to loss of part or all of the nipple.
- Infection is another possible complication. You should look for any redness or soreness that may develop around the wound.
- A discharge from the wound particularly if yellow or offensive smelling.

If you notice any of the above changes please contact the breast unit, your GP or the ward you were discharged from. If it is out of hours or over a weekend please call the GP out of hours service.

When you return home eat well and drink plenty of fluids. This will promote wound healing and reduce the chance of infection.

If you smoke try to limit the amount as this may have a detrimental effect on healing.

Please take your tablets and medicines as normal unless given instructions to the contrary. Take pain killers if you have any discomfort but this should not last long.

Whatever type of operation you have had, during the first 7 to 10 days you may feel weak, tired and a little low in mood. This will pass but if symptoms persist contact your GP surgery for advice.

We hope this leaflet has answered some of your questions. If you require any more advice do not hesitate to contact any of the Breast Care Nurse Specialists.