

PATIENT INFORMATION

**MAJOR DUCT EXCISION**



## **General Surgery**

Name of procedure: Major duct excision

It has been recommended that you have a total duct excision of your breast. 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. A total duct excision is performed in patients who have persistent or suspicious discharge from more than one duct and occasionally in patients whose nipple is pulled in or inverted and in patients who have had previous infection in the ducts.

The operation is performed through a small cut (incision) along the line between the coloured area around your nipple (the areola) and the remaining skin of the breast thus resulting in minimal scarring. The majority of ducts are removed (excised) from under the nipple. The wound is closed with dissolvable stitches and or surgical glue. The operation is carried out under a general anaesthetic.

### **Benefits of the procedure**

The aim of this procedure is to stop the discharge you were experiencing from your nipple and to diagnose the underlying cause of the disease.

### **Problems/complications which happen after a total duct excision**

- Loss of nipple sensation – the nipple feeling numb. This affects about 1 in 3 patients after removal of all ducts beneath the nipple.
- You cannot breast feed after a total duct excision. During pregnancy the breast may become a little engorged but this will settle after the birth of the baby.
- Recurrence of symptoms – about 10% of patients who have this operation to evert (pull out) the nipple will find that with time the nipple pulls in again.
- As many as half of all patients who have had ducts removed for infection in and around the nipple will have a recurrence of symptoms.
- Patients who have the operation for nipple discharge rarely get recurrence of their symptoms.
- Seroma – a collection of fluid under your wound, causing temporary soft swelling. This can be drained using a needle and syringe when you come back to clinic.
- Up to 1 in 8 women will develop a post-operative wound infection or some bleeding from the wound edge or a collection of blood under the scar (haematoma). Any infection may require a course of antibiotics and a haematoma may require a second operation to remove the clot from underneath the scar.

## **Serious or frequent risks**

Everything we do in life has risks. Surgery to remove ducts is generally a very safe operation with few risks but, as with any surgical procedure complications can occur. The general risks of surgery include problems with:

- breathing (for example, a chest infection);
- the wound (for example, infection);
- Minor skin burn. Due to heat conduction used to stop bleeding during surgery.
- the heart (for example, abnormal rhythm or, occasionally, a heart attack); and
- blood clots (for example, in the legs or occasionally in the lung).

Most people will not experience any serious complications from their surgery. The risks increase for the elderly, people who are overweight and people who already have heart, lung or other medical conditions such as diabetes or kidney failure. As with all surgery, there is a risk that you may die under general anaesthesia. The chance of this happening is less than 1 in 250,000.

You will be cared for by a skilled team of doctors, nurses and other healthcare workers who are involved in this type of surgery every day. If problems arise, we will be able to assess them and deal with them appropriately.

## **Your pre-operative assessment**

Before you are admitted for your operation, you may be required to attend for a pre-operative assessment, to ensure that you are fit for surgery. It is important that you attend for this appointment to avoid delaying your surgery.

Not all patients require a detailed pre-operative assessment and a health questionnaire is used to determine which patients require a full assessment. The health questionnaire may be on paper or on a tablet/computer. The information required includes all medical conditions, regular medications, allergies to medications and your previous anaesthetic history. The information you give us will be reviewed by the pre-operative assessment team. If you require further assessment you will be given an appointment to attend the pre-operative assessment clinic.

At the clinic, the nursing staff will confirm the medical information you have previously given. You will likely have an examination of your heart and lungs and some further tests may be required, such as a blood test, X-ray, heart test or lung test. If a more detailed assessment or discussion is required you may see an anaesthetist prior to your admission for surgery. This may require an additional appointment.

If you are taking prescribed medicines please bring a copy of your repeat prescription to your appointment and a copy of the operation consent form (if you were provided with a copy at your out-patient appointment).

Following your assessment, the staff will provide you with written information regarding preparation for your surgery and a point of contact. It is important that you follow the fasting instructions given on your admission letter.

### **Being admitted to the ward**

You will usually be admitted on the day of your surgery. You will be welcomed on to the ward and your details checked. We will fasten an armband containing your hospital information to your wrist.

You will usually be asked to continue with your normal medication during your stay in hospital, so please bring it with you. Please bring a comfortable supportive bra into hospital with you.

### **Your anaesthetic**

Your surgery will usually be carried out under a general anaesthetic. This means that you will be asleep during your operation and you will feel nothing.

### **Before you come into hospital**

There are some things you can do to prepare yourself for your operation and reduce the chance of difficulties with the anaesthetic.

- If you smoke, consider giving up for several weeks before the operation. Smoking reduces the amount of oxygen in your blood and increases the risks of breathing problems during and after an operation. Using a vaporiser instead of smoking may help the lung and breathing issues but does not significantly reduce the risk of post-operative wound problems.
- If you are overweight, many of the risks of anaesthesia are increased. Reducing your weight will help.
- If you have loose or broken teeth or crowns that are not secure, you may want to visit your dentist for treatment. The anaesthetist will usually want to put an airway in your mouth to help you breathe. If your teeth are not secure, they may be damaged.
- If you become unwell or develop a cough or cold the week before your surgery please contact the pre-operative assessment team on the number provided. Depending on your illness and how urgent your surgery is, we may need to delay your operation as it may be better for you to recover from this illness before your surgery.

## **Your pre-surgery visit by the anaesthetist**

- After you come into hospital, the anaesthetist will come to see you and ask you questions about:
  - your general health and fitness;
  - any serious illnesses you have had;
  - any problems with previous anaesthetics;
  - medicines you are taking;
  - allergies you have;
  - chest pain;
  - shortness of breath;
  - heartburn;
  - problems with moving your neck or opening your mouth; and
  - any loose teeth, caps, crowns or bridges.
- Your anaesthetist will discuss with you the different methods of anaesthesia they can use. After talking about the benefits, risks and your preferences, you can then decide together what is best for you.

## **On the day of your operation**

### **Nothing to eat and drink (nil by mouth)**

It is important that you follow the instructions we give you about eating and drinking. We will ask you not to eat or drink anything for six hours before your operation. This is because any food or liquid in your stomach could come up into the back of your throat and go into your lungs while you are being anaesthetised. You may take a few sips of plain water up to two hours before your operation so you can take any medication tablets. Please refrain from chewing gum.

### **Your normal medicines**

Continue to take your normal medicines up to and including the day of your surgery. If we do not want you to take your normal medication, your surgeon or anaesthetist will explain what you should do. It is important to let us know if you are taking anticoagulant (blood thinning) drugs.

### **Your anaesthetic**

When it is time for your operation, a member of staff will take you from the ward to the operating theatre. They will take you into the anaesthetic room and the anaesthetist will get you ready for your anaesthetic.

To monitor you during your operation, your anaesthetist will attach you to a machine to watch your heart, your blood pressure and the oxygen level in your blood.

## **General anaesthetic**

General anaesthesia usually starts with an injection of medicine into a vein. A thin plastic tube (cannula) will be placed in a vein in your arm or hand and the medicines will be injected through the tube. Sometimes you will be asked to breathe a mixture of gases and oxygen through a mask to give the same effect.

## **Pain relief after surgery**

Pain relief is important to aid your recovery from surgery. Once you are comfortable and have recovered safely from your anaesthetic, we will take you back to the ward. The ward staff will continue to monitor you and assess your pain relief. It is important that you report any pain you have as soon as you experience it.

## **What are the risks?**

The risk to you as an individual will depend on whether you have any other illness, personal factors, such as smoking or being overweight and surgery that is complicated or prolonged.

General anaesthesia is safer than it has ever been. If you are normally fit and well, your risk of dying from any cause while under anaesthetic is less than one in 250,000. The side effects of having a general anaesthetic include drowsiness, nausea (feeling sick), muscle pain, sore throat and headache. There is also a small risk of dental damage.

Your anaesthetist will discuss the risks with you and will be happy to answer any questions you may have.

## **After your surgery**

- You will be taken to the recovery room to the general or day care ward. You will need to rest until the effects of the anaesthetic have worn off. You will have a drip in your arm to keep you well-hydrated.
- You will be encouraged to get out of bed and move around as soon as possible, as this helps prevent chest infections and blood clots.
- Your surgical team will assess your progress and answer any questions you have about the operation.

## **Leaving hospital**

### **Length of stay**

How long you will be in hospital varies from patient to patient and depends on how quickly you recover from the operation and the anaesthetic. Most patients having this type of surgery will be in hospital for less than 24 hours.

## **Medication when you leave hospital**

Before you leave hospital, the pharmacy will give you any extra medication that you need to take when you are at home.

## **Stitches**

Your wound will be closed with dissolvable stitches, surgical glue and/or steristrips (paper stitches). Please keep the wound dry for the first 48 hours.

## **Personal hygiene**

After 48 hours, you may bathe and shower as normal, but try not to soak the dressing.

## **Driving**

You should not drive until you feel confident that you could perform an emergency stop without discomfort. It is your responsibility to check with your insurance company regarding your insurance cover after an operation.

## **Work**

Most people will usually be back to work after a few days but should avoid any contact sports for a few weeks.

## **Analysing the ducts removed**

We will normally send the ducts we have removed to a laboratory in the hospital for analysis. We will make a follow-up appointment for you to be seen in Outpatients or will write to you with the laboratory results.

## **Contact details**

If you have any specific concerns that you feel have not been answered and need explaining, please contact the following.

### **Worcestershire Breast Unit – 01905 760261 (ext. 36711)**

Rachel King	<a href="mailto:rachel.king18@nhs.net">rachel.king18@nhs.net</a>
Emma Chater	<a href="mailto:e.chater@nhs.net">e.chater@nhs.net</a>
Liz Jarman	<a href="mailto:elizabethjarman@nhs.net">elizabethjarman@nhs.net</a>
Fiona Brooke-Bills	<a href="mailto:f.brooke-bills@nhs.net">f.brooke-bills@nhs.net</a>

(Support worker – non clinical)

### **Alexandra Hospital – 01527 503030 (ext. 44625)**

Julie Weston	<a href="mailto:sheila.weston@nhs.net">sheila.weston@nhs.net</a>
Joanne Buckell	<a href="mailto:joanne.buckell@nhs.net">joanne.buckell@nhs.net</a>

### **Kidderminster Treatment Centre - 01562 512373 (ext. 53806)**

Nicola O'Hara	(Lead Nurse Practitioner)
Amanda Salt	<a href="mailto:amanda.salt1@nhs.net">amanda.salt1@nhs.net</a>

**If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.**

### **Patient Experience**

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

### **Feedback**

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

### **Patient Advice and Liaison Service (PALS)**

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

### **How to contact PALS:**

**Telephone Patient Services: 0300 123 1732 or via email at: [wah-tr.PALS@nhs.net](mailto:wah-tr.PALS@nhs.net)**

### **Opening times:**

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.