

## Breast Surgery: Duct clearance or Microdochectomy

### Overview

You have been recommended to have a procedure for duct clearance (removal of all ducts) or a microdochectomy (removal of a single duct) to remove the area of concern from your breast. This will be performed under general anaesthetic and will normally require only a short stay in hospital.

This information sheet explains some of the aims, benefits, risks and alternatives to this procedure (operation/treatment). We want you to be informed about your choices to help you to be fully involved in making any decisions so please ask about anything you do not fully understand or wish to have explained in more detail.

If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

### Please bring this form with you to hospital

Please read this form carefully and bring it back to the hospital on the day of your operation. You and your surgeon (or other appropriate healthcare professional) will sign it on the day to document your consent.

Remember, you can change your mind about having the procedure at any time.

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### For staff use only:

Does the patient have any special requirements? (eg requires an interpreter or other additional communication method)

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### About the procedure

Breast Side:

This procedure involves the removal of one or all of the milk ducts from beneath the nipple. When a woman breastfeeds, it is the milk ducts that take milk from the breast lobules to the nipple. You may have had some sort of nipple discharge and this operation aims to find out the cause of this discharge and prevent it happening again.

The procedure involves making an incision around the edge of the areola (the pigmented skin surrounding the nipple) or through the nipple and will involve cutting one or all of the milk ducts from beneath the nipple. Any tissue that is removed at the time of surgery will be sent for tissue analysis. The results of this will be discussed with you at your post-operative clinic visit.

## Before your procedure

You will be seen at the pre admission clinic by a qualified nurse in day surgery or a member of the breast team prior to your admission date and you can discuss any concerns about the operation with the staff present.

Details of your medical history will be obtained, clinical examination may be performed and any investigations deemed necessary would be requested. If you are taking any tablets or other forms of medication, please bring a list of medications with you.

This procedure involves the use of general anaesthesia, which means you will not be conscious during the surgery. The anaesthetist will see you before the procedure to assess your state of health and discuss the details with you.

This procedure is normally carried out as a day procedure, but sometimes you may need to stay overnight.

## After the procedure

You will wake up in the recovery room after your operation. You might have an oxygen mask on your face to help you breathe and you may also wake up feeling sleepy.

You will have a small, plastic tube in one of the veins in your arm. This may be attached to a bag of fluid (called a drip), which feeds your body with fluid until you are well enough to eat and drink by yourself.

While you are in the recovery room, a nurse will check your pulse and blood pressure regularly. When you are well enough to be moved, you will be taken to a ward. Sometimes, people feel sick after a breast operation and might vomit. If you feel sick, please tell a nurse and you will be offered medicine to make you feel more comfortable.

**Eating and drinking:** After the operation, you will be able to eat and drink when you are fully awake again. This usually takes two to four hours. How quickly you return to a normal diet will depend on how you feel. Most patients recover their appetite very quickly.

**Getting up and about:** Generally, it is best to get out of bed as soon as you feel you can. If, on the first day, you cannot get out of bed, you will be encouraged to move your legs in bed to prevent blood clots forming.

We advise you to bring a supportive and well-fitting bra into the ward with you. This may be put on after your surgery, providing support and comfort to the wound. The ward staff will advise you when to put the bra on.

**Special measures you need to take AFTER the procedure:** You will be given more detailed information about any special measures you need to take after the procedure. You will also be given information about things to watch out for that might be early signs of complications (e.g. infection).

Experienced staff are available to help you so please tell your nurses or doctors about any

concerns that you have and they will try to help you resolve them.

The skin stitches are dissolvable and will not need to be removed. If non dissolving sutures are used you will be advised before discharge when the sutures need to be removed. You will have a light dressing covering your wound to keep it clean, and this will usually be in place for the first day or so. The wound may be secured with steri-strips which are like small pieces of tape. They help healing and support the wound. These will gradually come off in the bath or the shower.

*Your wound/s will be covered with a waterproof dressing. As long as the dressing is in place, you can shower 24 hours after operation but please do not use a bath for a week.*

**When you can leave hospital:** The time that you stay in hospital will depend on how you are feeling after your operation, the type of operation, and your doctor's opinion.

**When you can resume normal activities including work:** You can usually begin gentle work within a week or two, but you might need to wait a little longer for more vigorous activity.

It is not uncommon to feel a bit 'down' after any operation, so do ask your doctor or breast care nurse if you feel you need more psychological support.

**Check-ups and results:** You will be given a date to return to clinic for the results of your surgery (two to three weeks from your date of surgery). If you do not receive an appointment 10 days after discharge, please contact the breast care nurses/ secretary. By then the tissue removed at the operation will have examined and your results discussed by the breast care team. Any further treatment, if recommended, will be discussed with you then.

### Alternative procedures that are available

The present recommendation by the breast team is that in your case, surgery is the best form of treatment at this stage.

### Serious or frequently occurring risks

All operations have a small risk of side effects, such as pain, bleeding and infection. The risks associated with general anaesthesia include potential breathing and heart problems, as well as possible reactions to medication. For a woman who is otherwise in good health, the risk of a serious complication due to general anaesthesia is less than 1%.

The effects of this surgery can cause altered or loss of nipple sensation, loss of erectile function of the nipple, infection of the wound, or, in rare cases, nipple loss. You will be given antibiotics if there is any sign of infection and you should report to the breast team if you notice redness, swelling, pain or new discharge from the wound. You may not be able to breastfeed after this operation.

### Information and support

Additional information will be given to you in the form of a patient information breast care pack. Do feel free to speak to a member of staff if you have any questions or anxieties.

## Useful Contacts

### Breast Care Nurses:

Bridget Ashdown  
01234 792057  
Bridget.Ashdown@bedfordhospital.nhs.uk

Alison Borromeo  
01234 355 122 ext. 5268  
Alison.Borromeo@bedfordhospital.nhs.uk

Rachel Bryce  
01234 355 122 ext. 5268  
Rachel.Bryce@bedfordhospital.nhs.uk

**Cancer BACUP:** 0808 800 1234  
**Breast Cancer Care:** 0808 800 6000

## Consent form

**Consultant:**

**Name of proposed procedure:**

Duct clearance or Microdochectomy

**Side** (left/right).....

**For staff use only:**  
Surname:  
First names:  
Date of birth:  
Hospital no:  
Male/Female:  
(Use hospital identification label)

### Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- How it will be performed
- The intended benefits of the procedure
- Any serious or frequently occurring risks including those specific to the patient e.g. *infection, bleeding, loss of nipple sensation/erectile function of the nipple, nipple loss (rare), inability to breastfeed.*
- Any extra procedures that might become necessary during the procedure .....

Blood transfusion     Other procedure (please specify) .....

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

The following information leaflet has been provided:.....Version/Date/Ref:

This procedure will involve:

General and/or regional anaesthesia     Local anaesthesia     Sedation

**Health professional's signature**..... **Date:** .....

Name (PRINT):..... **Job title:**.....

**Contact details** (if patient wishes to discuss details later).....

I have offered the patient information about the procedure but s/he has declined information.

### Important notes: (tick if applicable)

The patient has withdrawn consent (ask patient to sign/date here) .....

See also advance directive/living will (eg Jehovah's Witness form)

### Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

Interpreter's signature:

Date:

Name (PRINT):

Copy accepted by patient: yes / no (please circle)

<b>For staff use only:</b>
<b>Surname:</b>
<b>First names:</b>
<b>Date of birth:</b>
<b>Hospital no:</b>
<b>Male/Female:</b>
<b>(Use hospital identification label)</b>

**Statement of patient**

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which described the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions - we are here to help you. **You have the right to change your mind at any time, including after you have signed this form.**

Training doctors and other health professionals is essential to the continuation of the health service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

*Please tick boxes to indicate you understand and either agree/disagree to the statements below.*

	Yes	No
<b>I agree</b> to the procedure (or course of treatment) described on this form.	<input type="checkbox"/>	
<b>I understand</b> that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.	<input type="checkbox"/>	
<b>I agree</b> that any tissue (including blood) removed as part of the procedure or treatment may be used for diagnosis and audit, stored or disposed of as appropriate and in a manner regulated by appropriate, ethical, legal and professional standards.	<input type="checkbox"/>	<input type="checkbox"/>
<b>I agree</b> that tissue (including blood) not needed for my own diagnosis or treatment can be used for the following purposes that could benefit other patients:		
<b>Teaching</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Research which may include genetic research</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I understand</b> that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.	<input type="checkbox"/>	
<b>I understand</b> that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.	<input type="checkbox"/>	
<b>I agree</b> to the use of photography for the purpose of diagnosis and treatment.	<input type="checkbox"/>	<input type="checkbox"/>
<b>I agree</b> to anonymised photographs being used for medical teaching	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
<b>I understand</b> that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)	<input type="checkbox"/>	
<b>I understand</b> that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.	<input type="checkbox"/>	
<b>I have been told</b> about additional procedures which may become necessary during my treatment. I have listed below any procedures that <b>I do not wish, without further discussion, to be carried out.</b>	<input type="checkbox"/>	

**Patient's own signature:** ..... **Date:** .....

**Name (PRINT):** .....

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

**Witness's own signature:** ..... **Date:** .....

**Name (PRINT):** .....

**Confirmation of consent** (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

**Signature**..... **Date:** .....

**Name (PRINT)**..... **Role**.....

*Adapted with kind permission from Addenbrooke's Hospital*