



## PATIENT LEAFLET - INTRADUCTAL PAPILOMA

### WHAT IS AN INTRADUCTAL PAPILOMA

An intraductal papilloma is a benign (not cancer) breast condition. Intraductal papillomas are most common in women over 40 and usually develop naturally as the breast ages and changes.

Breasts are made up of lobules (milk-producing glands) and ducts (tubes that carry milk to the nipple), which are surrounded by glandular, fibrous and fatty tissue. Sometimes a wart-like lump develops (the papilloma) in one or more of the ducts. It's usually close to the nipple, but can sometimes be found elsewhere in the breast.

You may feel a small lump or notice a discharge of clear or bloodstained fluid from the nipple. Generally intraductal papillomas aren't painful but some women can have discomfort or pain around the area. They can also be identified with no symptoms through your routine screening mammogram.

Intraductal papillomas can occur in both breasts at the same time. Intraductal papillomas generally don't increase the risk of developing breast cancer. However, when an intraductal papilloma contains atypical cells (which are abnormal but not cancer), this has been shown to slightly increase the risk of developing breast cancer in the future. Some people who have multiple intraductal papillomas may also have a slightly higher risk of developing breast cancer.

### HOW ARE THEY FOUND AND TREATED?

Intraductal papillomas can be found by chance following routine breast screening (a mammogram or breast x-ray), after breast surgery or if you go to your GP (local doctor) with symptoms. You will then be referred to a breast clinic where you'll be seen by a specialist, such as Miss Bright-Thomas, who will examine you and use additional simple investigations such as a mammogram and breast ultrasound scan as described in the "triple assessment" section of the Worcester breast surgery website.

#### Excision biopsy

If your investigations show a papilloma, Miss Bright-Thomas may want you to have an operation called an excision biopsy. This is surgery to remove more breast tissue, which will be examined under a microscope to exclude the small chance of any associated cancerous or pre-cancerous change and to stop any symptoms you may be having.

An excision biopsy is usually carried out under a general anaesthetic. Miss Bright-Thomas will use dissolvable stitches placed under the skin which won't need to be removed. However, if non-dissolvable stitches are used, they'll need to be taken out a few days after surgery. You'll be given information about this and about looking after the wound before you leave the hospital. The operation will leave a scar but this will fade over time.

#### Follow-up

You will be seen to check the wound and get the results of your laboratory analysis about a week after surgery.

### WHAT THIS MEANS FOR YOU

For most people, having an intraductal papilloma doesn't increase their risk of breast cancer.

Even though your intraductal papilloma has been removed, it's still important to be breast aware and go back to your GP if you notice any other changes in your breasts.