



PATIENT LEAFLET – NIPPLE DISCHARGE

WHAT IS NIPPLE DISCHARGE?

Nipple discharge may be common for premenopausal women who have had children or breast fed - especially milky discharge. This is usually due to normal hormonal changes within a woman's body. It often occurs in both breasts. There are some specific types of nipple discharge that warrant closer evaluation:

- **Bloody nipple discharge** – If the discharge is bloody, a papilloma is suspected. This wart-like growth inside the duct can bleed. However, this can also be a symptom of breast cancer, so proper evaluation is recommended.
- **Clear nipple discharge** – Clear watery or bloody discharge can be a sign of abnormal cells (including cancer cells) within the breast. Full evaluation in a breast clinic is recommended.

HOW WILL I BE EVALUATED FOR NIPPLE DISCHARGE?

After your GP has examined your breasts you're likely to be referred to a breast clinic and you will have a clinical examination, a mammogram if you are over 40 years of age, an ultrasound scan of the area behind the nipple and you are also likely to have a few drops of any nipple discharge put onto a slide to be looked at down the microscope. This is to rule out any worrying cause for the symptoms that you have and to see if any underlying papilloma can be identified.

HOW WILL MY NIPPLE DISCHARGE BE TREATED

Most of the time no treatment is required.

However, if the analysis of the nipple fluid shows any worrying features, you may be offered an operation to remove the affected duct or ducts causing the discharge and to be certain that there is no underlying papilloma or small cancer behind the nipple. The operation is usually done under a general anaesthetic, as a day case. You'll have a small wound near the areola (darker area of skin around the nipple) with a stitch or stitches in it, and Rachel and your breast care nurse will tell you how to care for it afterwards.

You'll be advised about which pain relief to take after the operation as your breast may be slightly sore and bruised. The operation will leave a small scar but this will fade in time. After the operation your nipple may be less sensitive than before and you will not be able to breast feed on that side. For a small percentage of people the nipple may also become flattened after the operation

The laboratory analysis of the tissue removed will usually be available within a week and the procedure is normally enough to stop the discharge. Obviously further treatment may be required if any cause for concern is found within the tissue that is removed.