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OPERATION NO 006
SURGEON.....M.H.EDWARDS
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STEP-WISE

SUBAREOLAR EXCISION OF BREAST TISSUE

GRADE 3 (VERY DIFFICULT)

THESE STEPS COVER

OPERATION FOR NIPPLE DISCHARGE.

OPERATION FOR BLEEDING FROM THE NIPPLE.

OPERATION FOR MAMMILARY FISTULA.

OPERATION FOR NIPPLE RETRACTION.

OPERATION FOR SUBAREOLAR SWELLING ALONE.

RE-DO OPERATION FOR THE ABOVE.

BILATERAL OPERATIONS FOR THE ABOVE

GENERAL ANAESTHESIA

THEY DO NOT COVER

AN OPERATION FOR ACUTE PERI-DUCT ABSCESS.

See Emergency Stepwise

STAGES

STEPS

1 PRELIMINARIES
6 ANAESTHESIA
7 POSITION
8 STANCE
9 PREPARE THE SKIN
14 INCISE THE SKIN
18 DISSECTION
23 EXCISION OF DUCTS
33 EVERT THE NIPPLE
38 CLOSURE
51 FINAL TOUCHES

60 EQUIPMENT LIST

61 MATERIALS LIST

QUICK STEPS First steps

SURGEON
STEP
NUMBER

- 1 PRELIMINARIES - READ ON
- 2 CHECK YOU HAVE THE CORRECT PATIENT
- 3 CHECK THE SIDE OF THE OPERATION
- 4 CHECK THERE IS NO OTHER PROCEDURE TO DO
- 5 CHECK THE PATIENTS KNOWS ABOUT POSSIBLE LOSS OF PART OF THE NIPPLE.
- 6 ANAESTHESIA - GENERAL
- 7 POSITION SUPINE with the upper limb on the affected side at right-angles on an arm board.

Make sure the arm board is attached to the operating table at the level of the patient's shoulder. (2 arm boards for a bilateral operation).

Have bare skin from neck to umbilicus, and from mid-upper arm to the opposite nipple. (To the opposite mid-upper arm for a bilateral operation).

Keep all wires, electrodes, and tubing away from this area.

- 8 STANCE Stand on the side of the lesion with your one assistant on the opposite side.

- 9 PREPARE THE SKIN with the upper limb lifted to 60o by a theatre assistant holding the hand.

Clean the skin from the neck to the below the costal margin, and from the posterior axillary fold to the opposite nipple. (To the opposite posterior axillary fold for a bilateral operation).

Use 2 swabs on sticks with 0.5% Chlorhexidine in 70% Propanol and one to dry off.

- 10 TOWEL UP

Place one towel on the arm-board up to the posterior axillary fold.
Tuck a large gauze pack under the posterior axillary fold.

Have the upper limb lowered to the arm board and tied down to it.

Place a paper towel up to the costal margin.

Place an abdominal towel up to the

inframammary fold.

Place an upper towel over the neck down to the clavicle.

Cover the upper limb with another towel drawn medially to the posterior axillary fold.

Cover the opposite chest to the midline with a 4th towel.

(For a bilateral operation, towel up from one posterior axillary fold to the other).

11 FIX THE TOWELS to the skin with 4 towel clips.
(For a bilateral operation, cover the opposite breast temporarily with a further towel).

12 CHECK THE DIATHERMY is working.

13 MAKE THE AREOLA BULGE by pressing on the breast with one gauze held by your assistant and one held by yourself.

14 INCISE THE SKIN around one half of the edge of the areola. This should normally be the lower half of the areola.

For a subareolar swelling, centre the incision on the swelling.

For a mammary fistula, centre the incision on the fistula.

Make a crescent to remove the fistula opening with the surrounding skin.

15 DEEPEN THE INCISION into the subareolar fat.

16 COAGULATE VESSELS in the subareolar erectile tissue.

17 HOLD UP THE AREOLA FLAP with two Littlewoods forceps.

18 DISSECTION - READ ON

19 FOR A SUBAREOLAR SWELLING ALONE, remove the swelling and send it for histological examination.

GO TO STEP 35 (CHECK HAEMOSTASIS AGAIN)

20 FOR ALL OTHER LESIONS - READ ON

22 DISSECT THE MAJOR LACTIFEROUS DUCTS by burrowing under the periphery of the areola at each end of the wound.

Use scissors to stretch dissect the subareolar tissues.

You will be able to dissect completely around a PILLAR of ducts running upwards into the nipple.

The dissection is more difficult if there has been infection or surgery.

Take your time.

23 EXCISION OF DUCTS - READ ON

24 CUT THE PILLAR OF DUCTS at the level of the base of the nipple with scissors.

A ring of 12 or more major duct ends will appear in the freed breast tissue.

Duct secretions (white, cream, green, red, brown, to black) may ooze out of the ducts from inside the breast.

25 MOP OUT ANY breast secretion.

26 TAKE A BACTERIOLOGY SWAB if infection is suspected.

27 LOOK FOR ONE OR MORE papillomas projecting out of the duct ends.

They are reddish-grey, about 3mm.in diameter.

28 GRASP THE MAJOR DUCT SYSTEM with Littlewoods forceps to pull this tissue up into the wound.

29 EXCISE MAJOR DUCT TISSUE with strong scissors. FOR INFLAMED TISSUE, remove all the inflamed areas plus a 15gm. block of duct tissue.

FOR PAPILLOMAS, remove all the affected ducts in a 15gm. block of duct tissue.

FOR OOZING DUCTS, remove a 15gm. block of duct tissue.

FOR NORMAL-LOOKING DUCTS, remove a 15gm. block of ducts tissue.

FOR A RE-DO OPERATION, remove a 15gm. block of duct tissue.(The ducts were probably not completely removed before.)

** REMOVE ALL THE DUCTS, NOT JUST A SELECTED FEW

30 CHECK HAEMASTASIS IN THE BREAST TISSUE.

31 TRIM INSIDE THE NIPPLE to remove any remnants of the major lactiferous ducts.

Make sure that you do not damage the skin of

the nipple by trimming too much.

32 SEND TISSUE for histology.

33 EVERT THE NIPPLE by pushing the nipple from below with blunt dissecting forceps.

Take care you do not perforate the nipple by pushing too hard.

If you do perforate it, repair it with interrupted 3/0 Vicryl (Ethicon W9890) into the nipple skin.

If the nipple has been damaged by previous peri-duct mastitis or operation, you will have to accept a rather sub-standard nipple.

34 FIX THE NIPPLE IN EVERSION with a purse string stitch round the inside of the base of the nipple.

Use 2/0 catgut (Ethicon W441).

Check you are not strangulating the nipple.

Check the purse string is in the best position to maintain the eversion.

35 CHECK HAEMOSTASIS again.

36 INSERT A WOUND DRAIN (Portovac) into the depths of the wound, and bring it out through the skin laterally at an inconspicuous site.

37 STITCH THE DRAIN to the skin using a No 1 silk stitch (Ethicon W799).

Tie the skin stitch with 4 half hitches.

Wrap the stitch 4 times tightly around the drain at skin level so that the drain is pinched.

Tie the stitch with 4 more half hitches.

Cut the ends 4cm. long.

38 CLOSURE - READ ON

39 REPAIR THE BREAST DEFECT by making a transverse closure using vertical stitches of continuous 2/0 catgut (ETHICON W441).

This will give a better appearance than a vertical closure.

It will prevent the skin being drawn down into a crater by the suction drain.

40 CHECK THE SWAB, NEEDLE, AND INSTRUMENT COUNTS.

41 CLOSE THE SKIN with continuous subcuticular 3/0 Vicryl (Ethicon W9890).

42 SPRAY THE WOUND with Nobecutaine.

43 TO OPERATE ON THE SECOND BREAST

Change gloves.

Remove the temporary towel from the second breast.

Clean the skin of the opposite side again with Chlorhexidine in Propanol once.

GO BACK TO STEP 13 (MAKE THE AREOLA BULGE)

44 CHECK THERE IS NO OTHER PROCEDURE TO DO

45 APPLY A SKIN DRESSING (Mepore) to the wound with a hole cut in centre to let the nipple protrude.

46 DRESS THE WOUND DRAIN with a Mepore dressing.

47 CONNECT THE SUCTION SYSTEM

48 START THE SUCTION SYSTEM by compressing the vacuum chamber and closing the plug on it.

(Or open the taps on an Exudrain)

51 FINAL TOUCHES - READ ON

52 CLEAN THE SKIN surrounding the dressing.

53 CHECK THE WOUND DRAIN IS WORKING.

54 IF THE WOUND IS OR HAS BEEN INFECTED, prescribe METRONIDAZOLE (400mg. 3 times a day) and FLUCLOXACILLIN (250mg. 4 times a day) for 5 days.

55 FILL IN THE HISTOLOGY AND BACTERIOLOGY FORMS

56 WRITE LEGIBLE OPERATION DETAILS

57 FILL IN THE SURGICAL AUDIT FORM

58 DICTATE AN OPERATION LETTER TO THE GENERAL PRACTITIONER

59 END OF OPERATION

60 EQUIPMENT LIST

61 MATERIALS LIST

END OF OPERATION.

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