

# **Breast - Subareolar Excision and Nipple Eversion - Day Case**

## **Your Breast Operation - Some Information**

These notes give a guide to your stay in hospital. They also give an idea about what it will be like afterwards. They do not cover everything. If you want to know more, please ask.

We hope you will find these notes useful and that they will help to make your stay in hospital easier.

### **What is happening to the breast?**

The breast has a set of collecting tubes (ducts) which run, like the roads to Rome, inwards to the nipple. The tubes normally only carry milk for breast feeding.

Sometimes other liquids come along the tubes giving a nipple discharge.

Sometimes the lining of the tubes near the nipple starts bleeding giving a bloodstained discharge.

Sometimes the tubes become blocked and the breast becomes painful, swollen and reddened around the nipple. This is called duct ectasia (ekk-tays-ear).

Sometimes the tubes thicken and shorten, drawing the nipple inwards.

Sometimes the breast tissue under the nipple has a tiny patch of breast cancer which draws the nipple inwards.

### **What does the operation consist of?**

A small cut is made round part of the dark skin which surrounds the nipple. The collecting tubes which are running up into the nipple and nearby breast tissue are taken out. They are examined in the laboratory.

Any in-drawing of the nipple is corrected using internal stitches. The cut is then closed.

We can do your operation as a day case. This means that you come into hospital on the day of the operation and go home the same day.

We can do this because of new ways of doing the operation, better anaesthetics and new ways of pain relief. It will save you 2 nights or so in hospital.

## **Are there any alternatives?**

You can leave things as they are, but a question mark stays over the cause of your breast problem.

Duct ectasia will settle down by itself in the end when you are in your fifties or later. Courses of antibiotics from time to time may be alright for you.

If there is a wart, a polyp, causing bleeding, this operation is the best plan for you.

If the problem is more serious a bigger operation is not needed, certainly at this stage.

Hormone treatment, chemotherapy and drug treatment are not needed for a simple problem under the nipple.

## **What to do before coming to hospital**

Check you have a relative or friend who can come with you to hospital, take you home, and look after you for the first 3 days after the operation.

You only need normal home care, not hospital care.

Check your friend can drive or take you home in a taxi.

Check you have a telephone at home.

Have nothing to eat or drink from midnight before the operation. This means not even a sip of a drink. Your stomach needs to be empty for a safe anaesthetic. However, you can take your normal tablets and medicines.

## **Getting to hospital**

Come with your relative or friend so that they will know the way when to coming to collect you after the operation. Also the ward staff can go over the pick-up time and any other details.

## **What happens before the operation?**

### **Welcome to the ward**

You will be welcomed to the ward by the nurses or the receptionist. You will have your details checked. You will be shown to your bed. You will be asked to change into your nightwear. You will have some basic tests done, such as pulse, temperature, blood pressure and urine examination.

You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings.

### **Visit by the surgical team**

You will be seen first by the House Surgeon, who will interview and examine you. He, or she, will arrange some special tests such as x-rays and blood samples. The operation will be explained to you. You will be asked to sign your consent for the operation. If you are not clear about any part of the operation, ask for more details from the doctors or from the nurses. They are never too busy to do this.

You will have the operation site marked on you with a skin pencil.

You will be seen by the surgeon who will be doing the operation. He will check that all the necessary preparations have been made.

### **Visits by the anaesthetic team**

One or more anaesthetists who will be giving your anaesthetic will interview and examine you. They will be especially interested in chest troubles, dental treatment and any previous anaesthetics you have had. Plus any anaesthetic problems in the family.

Do not smoke.

### **Diet**

You can have your usual diet until 6-12 hours before the operation. Then you will be asked to take nothing by mouth. This will let your stomach empty to prevent vomiting during your operation.

### **Timing of the operation**

The timing of your operation is usually arranged the day before. The nurses will tell you when to expect to go to the operating theatre. Do not be surprised, however, if there are changes to the exact timing.

### **Premedication**

You may be given a sedative injection or tablets about 1 hour before the operation.

### **Transfer to theatre**

You will be taken on a trolley to the operating suite by a ward nurse and a theatre porter. You will be wearing a cotton gown. Wedding rings will be fastened with tape. Removable dentures will be left on the ward. There will be several checks on your details on the way to the anaesthetic room where your anaesthetic will begin. You will go to sleep.

The operation is then performed.

## What happens after the operation?

### Coming round after the anaesthetic

Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward. Some patients feel a bit sick for up to 24 hours after operation, but this passes off. You will be given some treatment for sickness if necessary.

### Warning after a General Anaesthetic

The drugs we give for a general anaesthetic will make you clumsy, slow and forgetful for about 24 hours. This happens even if you feel quite alright.

For 24 hours after your general anaesthetic:

- Do not make any important decisions.
- Do not drive.
- Do not use machinery at work or at home.  
(e.g. do not boil a kettle).

### Will it hurt?

There is some discomfort on moving rather than severe pain. You will be given injections or tablets to control this as required. Ask for more if the pain is still unpleasant.

### Drinking and eating

You will be able to drink within an hour or two of the operation provided you are not feeling sick.

The next day you should be able to manage small helpings of normal food.

### Opening bowels

It is quite normal for the bowels not to open for a day or so after operation.

### Passing urine

It is important that you pass urine and empty your bladder within 6-12 hours of the operation. If you find using a bed pan difficult, the nurses will assist you to a commode or the toilet.

### Sleeping

You will be offered painkillers rather than sleeping pills to help you to sleep. If you cannot sleep despite the painkillers please let the nurses know.

### The wound

The wound has a dressing which also fixes a thin plastic wound drain tube in place. The dressing will be changed when the drain tube is removed after 6 hours or so. The new dressing will be kept on for a week.

There are no stitches to be taken out of the wound. The wound is held together underneath the skin and does not need further attention.

There may be some purple bruising around the wound which fades after 2 or 3 days. It is not important.

Sometimes the nipple has a bluish tinge for a day or two but this gets better.

Sometimes minor matchhead sized blebs form on the wound line but these settle down after discharging a blob of yellow fluid for a day or two.

The wound becomes just about invisible after 3 to 6 months.

## **Washing**

You can wash the wound area as soon as the dressing has been removed. Soap and tap water are entirely adequate. Salted water is not necessary.

## **What about informing my relatives and contacts?**

With your permission, the nurses and doctors will keep your relatives and contacts up to date with your progress.

## **Leaving the ward**

After an hour or two on the ward, you should feel fit enough to go home.

Before you go, we do the following:

Check the wound is comfortable

Check the wound is not bleeding

Check there is no swelling

Take out the drain

Change the dressing

Give you 2 spare dressings

Give you 20 CoCodamol tablets to take home. You can take 2 at a time every 6 hours as needed

Give you a Follow Up Appointment for 1 week.

(The result on the examination of the breast will be ready then).

Give you a note to be given to your General Practitioner

Give you a work certificate, sick note, etc.

Check you have the ward telephone number

For Northallerton 0609 779911  
extension 3077

or 4701 after 8 pm  
or weekends

For Darlington 0325 74 3312  
or 74 3515 at weekends

For Scorton 0748 811 535

NB. If you do not feel like going home , we can easily arrange for you to stay in hospital.

## **Getting home**

Make sure you are going home by car with your relative or friend.

## **At home**

Go to bed

Take 2 CoCodamol tablets every 6 hours to control any pain.

## **Next morning**

You should be able to get out of bed quite easily despite some discomfort. You will not do the wound any harm. The exercise is good for you.

Phone us up in the Day Ward during the morning to let us know how you are getting on.

The second day after the operation, you should be able to spend most of your time out of bed in reasonable comfort. You should be able to walk 50 yards slowly.

By the end of a week the wound should be nearly pain-free.

## **Sick notes**

Please ask the nurses for sick notes, certificates etc.

## **After you leave hospital**

You are likely to feel very tired and need rests 2 or 3 times a day for a day or two or more. You will gradually improve so that by the time a week has passed you will be able to return completely to your usual level of activity.

You can drive within 24 hours of the operation. You will be able to wear a seatbelt.

## **Work**

You should be able to return to work in a day or so.

## **What if anything goes wrong?**

Complications are rare and seldom serious.

If you think that all is not well, please phone the ward. We can advise and help 24 hours a day.

Bruising and swelling may be troublesome, particularly if the swelling was large. The swelling may take 4 to 6 weeks to settle down.

Rarely some of the skin near the wound blackens and crusts over. This will heal up.

Infection is a rare problem and settles down with antibiotics in a week or two.

Aches and twinges may be felt in the wound for up to 6 months.

Occasionally there are numb patches in the skin around the wound which get better after 2 to 3 months.

## **Things to look out for in the first 24 hours**

Bleeding from the wound is the most important thing to look out for.

A little blood staining of the dressing is normal.

If bleeding continues after changing the dressing twice, phone the ward.

If you cannot get through to the ward, come straight away to the Casualty Department of the hospital.

The bleeding is not life-threatening, but is a nuisance if allowed to continue.

Bleeding can also show up as a painful swelling under the skin. Phone us up about this.

## **Things to look out for in the first week**

If the wound gets painful, reddened, and swollen, there may be some infection. Phone the ward.

If you are not happy about your progress, phone the ward.

## **General advice**

The operation is usually easily tolerated.

Sometimes, if there has been infection in the past, it is difficult to take out all the bad tissue at one go. Two, or even more operations may be needed.

If you have any problems or queries, please ask the nurses or doctors.

## **Any Questions?**

If you have any questions, jot them down here and ask the doctors or nurses for answers.

## **Any complaints?**

If you have any complaints, please contact the doctors or nurses straight away. If this does not solve the problem, please write to me at Ward 3, The Friarage Hospital, Northallerton.

Michael H Edwards  
Consultant Surgeon

## **Acknowledgement**

We gratefully acknowledge the generous support for the development and launching of SCALPEL Information Systems for patients, from:

Northallerton Red Cross Society

The crew of the Royal Fleet Auxiliary 'ARGUS'

If you would like to help towards other ventures to benefit patients, please send donations to:

The Chairman  
British Red Cross  
62 Thirsk Road  
Northallerton DL6 1PN  
(Please make cheques payable to "British Red Cross")

**Have you any comments?**

We welcome your comments and suggestions covering your illness, your treatment in hospital, and your recovery. Please write below any points you would like to make. If you prefer, you need not give your name.

Full name:

Hospital:

Ward:

Date of stay in hospital:

Operation:

Out patients department:

Your admission arrangements:

Your welcome on the ward:

Nursing staff:

General ward atmosphere:

Medical staff:

Ward orderlies:

Portering staff:

X-ray staff:

ECG staff:

Did you know who was who?:

Bedding:

Food and drink:

Privacy:

Locker space:

Toilets:

Bathrooms:

Other patients:

Noise:

Information:

Telephone/TV/radio/newspapers:

Timing of operation:

Preparations for your operation:

Going into the theatre:

In the operating theatre:

In the recovery room:

Coming back from theatre:

Intensive Care ward:

Recovery on the ward:

Pain control:

Sleeping:

Wound dressings:

Stitches, clips:

Progress reports:

Visiting hours:

Rest room:

Tablets, medicines, injections:

Going-home arrangements:

Out-patient follow up:

Anything else?

Continue comments overleaf if you wish.

Please send this questionnaire to Mr M Edwards, Ward 3, Friarage Hospital, Northallerton, North Yorkshire DL6 1JG.