

Breast - Subareolar Excision and Nipple Eversion - Not 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 indrawing of the nipple is corrected using internal stitches. The cut is then closed.

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 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 and 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 given a wrist band with your name on it.

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.

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

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

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.

Diet

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

The Periods

The periods do not affect the operation.

Shaving

You will be shaved to remove excess hair.

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 then 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.

How long in hospital?

Usually you can leave hospital the day after the operation.

The nurses will talk to you about your home arrangements so that a proper time for you to leave hospital can be arranged.

You will be given an appointment for a check up a week after your operation.

Sick notes

Please ask the nurses for sick notes, certificates etc.

After you leave hospital

You are likely to feel a bit tired for 3 or 4 days.

Driving

You should be able to restart driving 48 hours after the operation.

What about sex?

You can restart sexual activities within a week or two, when the wound is comfortable enough.

Work

You should be able to return to work within 3 to 4 days.

Complications

Complications are rare and seldom serious.

If you have had infection and abscesses, healing can be very slow. It is quite common for more than one operation to be needed to get on top of the condition. You have to be very patient.

If you think that all is not well, please ask the nurses or doctors.

The wound may become reddened and swollen. Contact your doctor for advice.

General advice

The operation is small and heals very well.

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.