

Duct ectasia

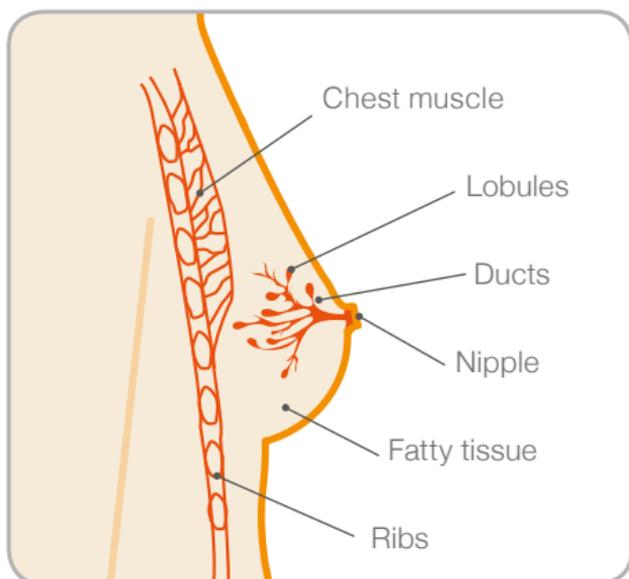
This leaflet tells you about duct ectasia. It explains what duct ectasia is, how it's diagnosed and what will happen if it needs to be treated.

What is duct ectasia?

Duct ectasia is a benign (not cancer) breast condition. It's caused by normal breast changes that happen with age, and it's nothing to worry about.

Although it's much more common in women, men can also get duct ectasia, but this is very rare.

The breast



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.

As women get nearer to the menopause and the breasts age (from 35 years onwards) the ducts behind the nipple shorten and widen. This is called duct ectasia.

Sometimes a fluid is produced and can collect in the widened ducts. This can irritate the lining of the ducts. Some people also experience pain, although this is not common.

There can also be a discharge of this fluid through the nipple, which is usually thick but can also be watery. It can vary in colour, and can occasionally be bloodstained.

Sometimes a lump can also be felt behind the nipple. This can be because the tissue behind the nipple has become infected or scarred.

The nipple may become inverted (pulled inwards) as the ducts shorten.

How is it diagnosed?

After your GP (local doctor) has examined your breasts, you're likely to be referred to a breast clinic, where you'll be seen by specialist doctors or nurses.

At the breast clinic you'll have a breast examination and probably a mammogram (breast x-ray) and/or ultrasound scan (which creates a picture of the breast using high-frequency sound waves).

If you have nipple discharge that's bloodstained, this may be tested to help confirm the diagnosis.

If you'd like more information about any tests you may be having, call our Helpline on **0808 800 6000**.

You can also find more details in our booklet **Your breast clinic appointment**.

Treatment

Most cases of duct ectasia don't need any treatment as it's a normal part of ageing and any symptoms will usually clear up by themselves. Try not to squeeze the nipple as this may encourage further discharge. In the meantime, if you have any pain you may want to take pain relief such as paracetamol.

If you continue to have discharge from the nipple (without squeezing) which doesn't settle, you may be offered an operation to remove the affected duct or ducts. You may be offered removal of just the affected duct or ducts (a microdochectomy) or removal of all the major ducts (a total duct excision).

The operation is usually done under a general anaesthetic, and you'll be in hospital for the day, but sometimes you might have to stay overnight. You'll have a small wound near the areola (darker area of skin around the nipple) with a stitch or stitches in it, and your doctors 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 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. For a few people it may become inverted.

The operation should solve the problem but, as finding all the ducts can sometimes be difficult, your symptoms may return and you may need further surgery to remove more ducts. It's important to go back to your GP if you have any new symptoms.

What this means for you

Having duct ectasia doesn't increase your risk of developing breast cancer in the future. However, it's still important to be breast aware and go back to your GP if you notice any other changes in your breasts, regardless of how soon these occur after your diagnosis of duct ectasia.

You can find out more about being breast aware in our booklet **Your breasts, your health: throughout your life**.

If you'd like any further information or support, call our free Helpline on **0808 800 6000** (Text Relay 18001).

About this leaflet

Duct ectasia was written by Breast Cancer Care's clinical specialists, and reviewed by healthcare professionals and people affected by breast cancer.



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If you have a breast cancer or breast health query contact our Helpline on **0808 800 6000** or visit **www.breastcancercare.org.uk**

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