

# Nipple Discharge and Duct Excision

Nipple discharge is one of the most common concerns women have about their breasts, particularly when the discharge is not related to breast-feeding. Because the breast is a gland, secretions from the nipple are not unusual, even for women who have never been pregnant or nursed a baby. Fortunately, nipple discharge is much more likely to be benign than cancerous. However, any nipple discharge should be checked by your doctor.

This information is about nipple discharge - possible causes and when to seek medical advice and treatment. In particular, this information will explain how duct excision is used to treat nipple discharge when the discharge occurs from a diseased duct.

## **What Is Nipple Discharge?**

Nipple discharge is the drainage of breast fluids from the mammary (milk) duct or ducts onto the surface of the nipple. The volume of discharge ranges from a few drops on the nipple to a small amount found in your bra or on your clothing. Nipple discharge can occur in a variety of colors: white, yellow, green, dark brown, red and clear.

## **Normal Discharge**

Many women have some amount of discharge when their breasts are manipulated, stimulated or have pressure applied to them; this is normal. Normal discharge usually has the following characteristics:

- It occurs from both breasts.
- It occurs occasionally, not continuously throughout the month.

- It comes from several duct openings on the nipple (several ducts have fluid in them).
- It occurs in small amount and does not soak your bra.
- It is milky, yellow or green.
- It is not accompanied by a lump you can feel in your breast(s).
- If you are premenopausal, it often occurs before a menstrual period.

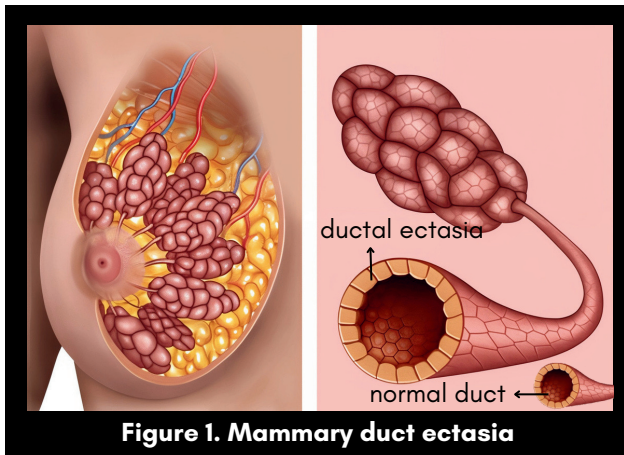
If you have a discharge that fits these descriptions, it is probably a normal discharge. However, any nipple discharge should be checked by your doctor, even if you believe it is normal.

### **Causes of Nipple Discharge**

Certain factors make a nipple discharge more likely:

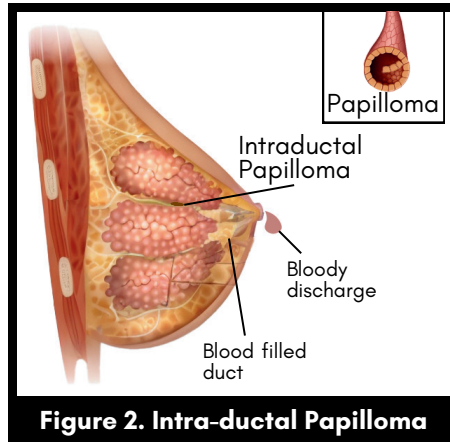
- **Physical Stimulation:** Excessive squeezing of the breasts, a breast exam, mammogram, aerobic exercise, jogging, sleeping on the stomach or sexual activity can cause nipple discharge to occur.
- **Surgery or Injury:** When either occur to the breast or chest wall, nipple discharge can result.
- **Medications:** Taking birth control pills or some other medications may cause small amounts of cloudy or milky discharge.
- **Hormonal Changes:** During puberty and at menopause when the hormone levels in your body are undergoing change, you are more likely to have discharge.

- **Mammary Duct Ectasia:** This is one of the most common causes of nipple discharge and is most likely to occur in women nearing menopause (see figure 1). The ducts beneath the nipple become inflamed and clogged with a thick, sticky discharge that is gray to green in color. If a breast becomes infected, treatment includes applying warm compresses, taking antibiotics and, if necessary, surgery to remove the involved ducts.



- **Intra-Ductal Papilloma:** When a small, wart-like growth projects into a milk duct near the nipple, it can create a bloody or sticky discharge as the wall of the duct is irritated (see figure 2). Papillomas are not cancerous. The discharge is usually from a single duct and occurs without squeezing the breast or nipple. (Your doctor may recommend a six-month period of “watchful waiting” before proceeding with treatment). Treatment may include surgery to remove the involved duct and examination of the tissue to exclude cancer. Sometimes more than one growth is responsible for the discharge. When many growths or Papillomas are the cause, the condition is called Papillomatosis.

- **Cancer:** Cancer is rarely the cause for nipple discharge. Only about 4% of all spontaneous bloody discharges from a single breast are cancerous. Bloody nipple discharge or any other changes in the appearance of your nipple(s) should be reported to your doctor.



### Discharge Caused by Disease

The vast majority of breast discharges are caused by diseases that are benign; only a small percentage are caused by cancer. However, all discharge needs evaluation and possible treatment by a doctor.

Discharge caused by disease may have many of the following characteristics:

- Comes out by itself without squeezing your nipple or breast.
- Happens often or continuously.
- Comes from one nipple only and usually one place (duct) on the nipple.
- Clear and sticky, like an egg white.
- Bloody
- Watery

## Evaluation

Evaluation may include the following:

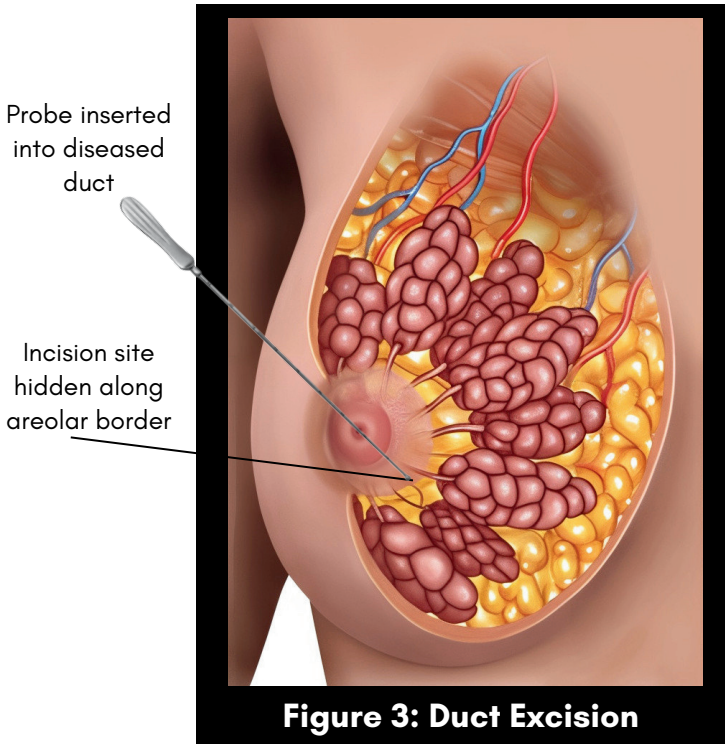
- **History:** The intent is to uncover any breast-related symptoms and their possible link to your menstrual cycle, pregnancy, exercise, trauma, medications or possible thyroid disorders. A risk-assessment is done to identify personal and family history of breast cancer.
- **Physical Examination:** This exam includes a check of the breasts and lymph nodes for changes in appearance or lumps. The site around the nipple is examined for discharge when pressure is applied. Blood tests may be done as well.
- **Mammogram / Ultrasound:** A mammogram is usually performed in women over age 35. An Ultrasound may be conducted to help locate the duct or ducts that are the source of discharge.

If screening tests are normal, you may be asked to return for a repeat visit in one to six months to assure that there has been no change in the discharge. You will be asked to return soon if the amount or quality of the discharge changes.

## Treatment

If a disease is found to be the cause of your breast discharge, then treatment usually will involve surgery – duct excision – to remove the diseased duct(s), see figure 3. Information obtained from the evaluation, mammogram and ultrasound tests helps to pinpoint the location of the diseased duct. Duct excision includes removing the diseased duct and a small amount of the surrounding tissue. The remainder of the breast is left intact and maintains its original shape.

The procedure itself is performed under either moderate or deep sedation and takes about 30–45 minutes. Hospitalization is usually not necessary. A small instrument, called a probe, is used to help locate the duct. Once the diseased duct is located, it is surgically removed and a tissue sample is sent to the pathology lab for further examination. If cancer cells are found, you will meet again with your doctor and surgeon to determine a treatment plan. Further surgery is needed to make sure that all of the cancer is removed.



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